



SUBSCRIPTION FORM 2008 - 09

Subscription Rate Required (please tick)

- Individual £30
Centre with no more than 3 radiographers (full time equivalent) £75
Centre with 4 to 10 radiographers (full time equivalent) £125
Centre with more than 10 radiographers (full time equivalent) combination of above
e.g. group of 33 = [3x10] + [1x3] = £375 + £75 = £450

Centre/Member Details

Contact name Email
MRI Centre
Address
Postcode Phone Fax
Number of members : please include details below. (continue on a separate sheet if necessary)

Method of Payment (please tick)

- Personal cheque BACS Payment
Hospital Trust Cheque Other (please give details)

Amount Enclosed £ Receipt Required? Yes No

Signature

Designation Date

Table with 4 columns: Member Name (title, first + surname), Email address, Job Title (radiographer/assistant practitioner/student), SOR member Y/N

Please return completed forms, and payment made payable to BAMRR, to

Lynn Graham (Membership Secretary)
MRI Unit
Altnagelvin Area Hospital
Londonderry
N Ireland BT47 6SB