

MEMBERSHIP FORM (please complete fully and return to us)

Existing VIP Member No (if known) _____

Prices:

	VIP12		VIP24		VIP24+	
	Monthly	Annually	Monthly	Annually	Monthly	Annually
Adult	£28	£320	£33.50	£385	£71	£825
Child	£20	£225	£26.50	£300		

Title	Name	Date of Birth	Adult/Child	VIP Type
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Amount Payable (calculate annual amount from prices above) £ _____

Payment (choose from 1 of the 3 options below)

- I wish to pay annually in advance and enclose a cheque for the above amount made payable to Doctor Now Ltd
- I wish to pay annually in advance and authorise you to charge my credit/debit card for the above amount (Cards accepted: Visa, Mastercard, Switch, Maestro)

Card Number: _____

Valid From: ____ / ____ Expires End: ____ / ____ Security Code: _____

- I wish to pay monthly by Direct Debit (please complete form overleaf)

I agree that this Membership is for a period of no less than 12 months and agree to pay the membership fee either in full or by monthly instalments in advance.

Signed: _____ Name: _____ Date: _____

Address: _____

Contact Tel Nos: _____

E-mail Address: _____



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

DOCTORnow
The Old Barn, Mulberry Court
Windsor End, Beaconsfield
Bucks, HP9 2JJ

Name(s) of Account Holder(s)

Originator's Identification Number

7	1	0	1	4	9
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Reference Number (Office Use)

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Bank/Building Society Account Number

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Branch Sort Code

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Instruction to your Bank or Building Society
Please pay DOCTORnow Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with DOCTORnow and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address:	
Postcode	

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account