Please complete this whole form in **CAPITALS**, ticking all the relevant boxes and return to:

British Medical Association, Membership Department, FREEPOST, BMA House, Tavistock Square, London, WC1H 9BR.

The BMA is committed to representing a membership that is reflective of the diverse medical workforce in which our members work. Please complete the following questions, and if there is any information you do not wish to share with the BMA please select 'prefer not to say' where indicated. For further information on the BMA’s equal opportunities policy please see: bma.org.uk/equalopportunitiespolicy

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**Ethnicity – How would you describe yourself?**

Please choose one of the following six headings and tick the appropriate box to indicate your cultural background.

- **White**
  - English
  - Northen Irish
  - Scottish
  - Welsh
  - Other white background

- **Mixed ethnicity**
  - White and Asian
  - White and Black African
  - White and Black Caribbean
  - Other mixed background

- **Asian or Asian British**
  - Bangladeshi
  - Chinese
  - Indian
  - Pakistani
  - Other Asian background

- **Black or Black British**
  - African
  - Caribbean
  - Other Black background

- **Other**
  - Arab
  - Any other ethnic background
  - Prefer not to say

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**Disability – Do you consider yourself to be a disabled person?**

*The Equality Act 2010 considers a person disabled if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.*

- Yes
- No
- Prefer not to say

- **Nature of disability**
  - Learning Disability
  - Mental health condition
  - Physical
  - Sensory
  - Other
  - Prefer not to say

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**Sexual orientation – What is your sexual orientation?**

- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Other
- Prefer not to say

---

Last year we helped over 45,000 doctors who contacted us for advice and support.
### Your details

<table>
<thead>
<tr>
<th>General Medical Council registration number</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Surname</td>
<td>First name</td>
<td>Contact address</td>
</tr>
<tr>
<td>Telephone</td>
<td>Mobile</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Town</td>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

### Qualified doctor

Applicants must hold qualifications which are acceptable for registration with the General Medical Council.

### Main appointment

Please tick the relevant box for your specialty.

- General practice
- Consultant
- SAS
- Junior doctor
- Other (please specify)
- Specialty
- Public health medicine
- Civil service
- Armed forces
- Overseas
- Occupational health
- Medical academic
- Retired
- Date of primary qualification

### Membership agreement

I hereby apply for membership of the British Medical Association and agree to the My BMA terms and conditions (available online at bma.org.uk/about-the-bma/terms-and-conditions) and also agree to abide by the Articles of the Association and bye-laws for the time being in force and the rules of the Division to which, at any time, I may belong. It is the BMA’s policy that assistance cannot be provided to a member whose problems pre-date receipt by the Association Head Office, of a properly completed application form and means of payment. Thus, I must be and continue to be a member of the BMA, and be fully paid-up to receive such assistance.

Signature

Date

### Data protection notice

By providing us with your contact details you are consenting to the BMA Group of Companies (“BMA”) using your personal data (including sensitive personal data) for the administration of BMA and its partners’ products/services, as well as for sending you marketing information about BMA and its partners’ products and services by letter, SMS, telephone and/or email. If you would prefer not to receive marketing information regarding BMA or its partners’ products and services please tick the relevant box(es). Our privacy policy (bma.org.uk/privacypolicy) is available for you to read, we would like to draw your attention to it if this is your first contact with the BMA and the BMA website.

### Instruction by Direct Debit

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

Please complete the membership application form and Direct Debit mandate and send it to:
BMA Membership Department, British Medical Association, BMA House, Tavistock Square, London, WC1H 9BR.

<table>
<thead>
<tr>
<th>1. Name and full postal address of your Bank or Building Society branch</th>
<th>4. Bank or Building Society account number</th>
</tr>
</thead>
<tbody>
<tr>
<td>To: The Manager Bank or Building Society</td>
<td>Originator’s Identification Number 9 9 1 7 4 4</td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Names(s) of account holder(s)</th>
<th>5. Reference number (for BMA use only)</th>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Branch sort code (From the top right-hand corner of your cheque)</th>
<th>6. Instruction to your Bank or Building Society. Please pay BMA Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with the BMA and, if so, details will be passed electronically to my Bank or Building Society.</th>
</tr>
</thead>
<tbody>
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<table>
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<tr>
<th>Signature(s)</th>
<th>Date</th>
</tr>
</thead>
</table>

I/we wish to pay: Monthly Annually

(Please tick one box only)

### Please retain the Direct Debit Guarantee for your reference.

The Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit the British Medical Association will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request the British Medical Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by the British Medical Association or your bank or building society you are entitled to a full and immediate refund of the amount paid from your account. Written confirmation may be required. Please also notify us.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

(From the top right-hand corner of your cheque)