



The Worshipful Society of Apothecaries of London
Black Friars Lane, London EC4V 6EJ

FACULTY OF THE HISTORY AND PHILOSOPHY OF MEDICINE AND PHARMACY

FACULTY MEMBERSHIP & FELLOWSHIP APPLICATION FORM

Please note:

- **Membership runs from September – August**
 - **Faculty Membership is open to all**
- **Faculty Membership does not include membership to the Society**

TITLE

FULL NAME

ADDRESS & POST CODE

TELEPHONE

E-MAIL

PROFESSION

CURRENT APPOINTMENT

Registered Charity Number 233234

Telephone: 020 7236 1189 Facsimile: 020 7329 3177

Email: Facultyhp@apothecaries.org Website: www.apothecaries.org



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Please state whether you wish to become a Member or a Fellow of the Faculty

Option 1: Member of Faculty:

I enclose the annual subscription fee of £44, or
£22 (for undergraduates in full-time education)

Option 2: Fellow of the Faculty:

I enclose the annual subscription fee of £117
(NB: This includes Faculty Membership)
£58 (for undergraduates in full-time education)

- The Faculty year runs from 1st September to 31st August.
- Cheques should be made payable to "Society of Apothecaries".
- Bank transfer: Bank name: Coutts & Co
Account name: The Society of Apothecaries
Account number: 05959640
Sort code: 18-00-02
Reference: Subs/*your surname*

I apply for membership / fellowship (as indicated above) of the Faculty of the History and Philosophy of Medicine and Pharmacy and consent to the details on this form being held by the Society of Apothecaries on the Faculty's database for the purposes of Faculty business.

Signature Date

Please email or post your complete form to: Email: facultyhp@apothcaries.org

FacultyHP Office: Society of Apothecaries, Apothecaries' Hall, Black Friars Lane, London EC4V 6EJ

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Gift Aid declaration – for past, present & future donations

WORSHIPFUL SOCIETY OF APOTHECARIES

Charity numbers 284450, 233234, 1131556

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to the Society's charities.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. If I pay less than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Donor's details

Title _____ First name or initial(s) _____

Surname _____

Full home address _____

_____ Postcode _____

Date _____

Signature _____

Please notify the WORSHIPFUL SOCIETY OF APOTHECARIES if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Clerk/Jul 17

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