

Membership Application Form

Contact name:	Position:
Organisation:	
Membership Level Applying for:	
Address:	Telephone: Email:
Signature:	Date:

Type	Employees	Fee (Inc. VAT @ 17.5%)	Please Tick
Micro Organisation *	1 – 5	£176.25	
Small Organisation *	6 – 15	£293.75	
Medium Organisation *	16 – 250	£470.00	
Large Organisation **	Over 250	£705.00	
Individual	n/a	£58.75	

* Micro to medium sized organisations that predominantly work in life science or healthcare

** Large organisations (including university institutes) predominantly working in life science or healthcare

Payment Options

a) Paying by cheque

I enclose a cheque for £ _____

Please make cheques payable to 'Cels' marking clearly on the back 'HealthConnect Membership' along with your name and company name.

b) Paying by card

I understand that, upon acceptance of this booking, payment will be made from the following card details:

Cardholders name _____

Card Holders address

(If different from overleaf) _____

Post code _____ **Tel** _____

Card Number _ _ _ _ _ _ _ _ _ _

Card expiry date (Month/Year) _ _ / 20 _ _

Card security code (CSC) _ _ _ (last 3 digits printed on the back of the card)

Issue number or start date _____

(For UK Maestro or Solo cards only)

Amount of transaction £ _____

Signature of card holder: _____

c) **Invoice** (organisations only)

Please invoice me for the membership as stated overleaf

Address _____

_____ **Post Code** _____

Purchase Order Number (where required) _____

All membership applications must be received by post at:

Cels, HealthConnect Membership

Quorum 16

Quorum Business Park

Benton Lane

Newcastle upon Tyne, NE12 8BX

Please visit www.healthconnect.co.uk for terms and conditions.

Cels is the trading name for the Centre of Excellence for Life Sciences Ltd. VAT Registration GB 889 1580 68