

**ASSOCIATION OF UNIVERSITY TEACHERS OF PSYCHIATRY**

**Application for AUTC Membership**

All fields marked \* are required for membership to be processed

Title: First Name: Surname:

Address of University/ Department of Psychiatry /Trust to which you are attached\*: .....

.....

.....

Address for correspondence if different from above\*:.....

.....

.....

Present Appointment\*:.....

Telephone Number ..... Mobile Telephone Number.....

Email\*.....

Teaching/ educational interests and experience:.....

How did you hear about AUTC.....

Data Protection Act – I hereby give my consent for these personal details (above) TO be held by the secretary of the Association of University Teachers of Psychiatry for the purposes of the group and being used as contact details in accordance with the purposes of the AUTC as outlined in the constitution.

From time to time it may be that other organisations will wish to contact members with details of meetings of interest or requests for information. We will NEVER sell your data. Please indicate if you **don't** want your name and contact details to be given for this purpose:

I do not wish to be contacted by these companies/organisations.

Signed:..... Date:.....

Subscription is £10.00 per year and should be paid by standing order in Pounds Sterling. Please complete the Standing Order Mandate attached below, **sign it** (Please Note Electronic signatures are NOT acceptable and POST it with this application to AUTC c/o **J.Wildman Radbourne Unit, Royal Deby Hospital, Derby DE22 3WQ.**

Queries may be directed to Dr Deepa Krishnan (Honorary Treasurer) at [autpuk@gmail.com](mailto:autpuk@gmail.com)

AUTC

Registered Charity No: 325134

Chairman  
Dr Subodh Dave

Hon. Secretary  
Dr S Sira Mahalingappa

Hon. Treasurer  
Dr Deepa Krishnan

**ASSOCIATION OF UNIVERSITY TEACHERS OF PSYCHIATRY**

**AUTHORITY 12 (1978) Standing Order Mandate**

To Your Bank – Name and Address

	<b>Bank</b>	<b>Branch Title (not address)</b>	<b>Sort Code Number</b>											
Please pay	Lloyds	Cardiff Victoria Park	30-98-94											
	<b>Beneficiary's Name</b>						<b>Account Number</b>							
For the Credit of	Association of University Teachers of Psychiatry						0	0	8	7	5	0	4	£
	<b>Regular amount in figures</b>	<b>Regular amount in words</b>												
The Sum of	£10.00 only	TEN POUNDS ONLY												
Commencing	<b>Date and Amount of First Payment</b>				<b>And thereafter every</b>			<b>Due Date and Frequency</b>						
*Until	*NOW	£10.00			every			Every July 1 <sup>st</sup>						
Quoting the reference	<b>Date and Amount of Last Payment</b>				*until you receive further notice from me/us in writing									
		£			And debit my/our account accordingly									

Your surname and initials:

This instruction cancels any previous order in favour of the beneficiary names above, under this reference.

Special Instructions:

Account to be debited (Name)	Account number	Sort code :
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Signature: .....

Date:.....

Note: The Bank will not undertake to (i) make any reference to Value Added Tax or other indeterminate element; (ii) advice payer's address to beneficiary; (iii) advice beneficiary of inability to pay and (iv) request beneficiary's banker to advice beneficiary of receipt of payment.

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