

Membership includes free online subscription to *Heredity*

Please complete this form and return it, along with your cheque, Direct Debit instructions or credit card to The Genetics Society, Portland Customer Services, Commerce Way, Colchester CO2 8HP, UK. Complete this section carefully. The information you provide will help us to correspond with you efficiently and ensure that your details are accurately held on our membership database.

**1. IDENTIFICATION** (as data controllers we adhere to the Data Protection Act 1998)

Title: Prof.  Dr.  Mr.  Miss.  Mrs.  Ms.

Last Name:	First Name:
Institution:	
Institution Address:	
Postcode:	Country:
Telephone:	Fax:
Email:	

Your home address should only be given when there is no alternative. Please ensure that you have included your email address.

**2. AREAS OF INTERESTS** (tick as appropriate)

Gene Structure, Function and Regulation <input type="checkbox"/>	Genomics <input type="checkbox"/>
Cell and Developmental Genetics <input type="checkbox"/>	Applied and Quantitative Genetics <input type="checkbox"/>
Evolutionary, Ecological & Population Genetics <input type="checkbox"/>	Corporate Genetics and Biotechnology <input type="checkbox"/>

**3. MEMBERSHIP FEES**

Membership entitles you to reduced rate entry to meetings, discounts on journals, free Society newsletters plus free online access to *Heredity*. The annual membership charges are as follows (please tick applicable box):

Full Member: \*£25.00     Postgraduate Member: \*£15.00     Undergraduate Member: £5.00

\* there is a reduction of £5.00 from the membership charge for full and postgraduate members paying by Direct Debit

**4. STUDENT MEMBERSHIP** (if this section is not applicable please go to section 5)

As a student member of the Society you are eligible to apply for a grant to defray the cost of attendance at meetings organised by the Society. Full details regarding grants is available on the web site. In addition, after one year full membership you can apply for a grant for overseas travel to international meetings held outwith the Society.

If you are applying for an undergraduate membership please state year of graduation:

If you are applying for a postgraduate membership please state year of starting research degree:

Signature of Head of Department/Supervisor

**Please note: After four years' postgraduate membership you will be required to pay the full subscription fee.**

## 5. PAYMENT

### Option 1: Direct Debit (UK Bank Accounts only)

Complete this membership form and a Direct Debit mandate form, which can be downloaded from our website and send them to the address below.

I wish to pay by Direct Debit (tick box if applicable). **Paying by Direct Debit entitles Full members and Postgraduates to a saving of £5.00 from the price of their membership.** Direct Debit Membership Subscriptions are renewed on an annual basis.

### Option 2: Cheque/Bank transfer

- I enclose a cheque for the sum of  made payable to Portland Customer Services
- Payment made by bank transfer to: Portland Customer Services, National Westminster Bank plc, 25 High Street, Colchester CO1 1DG, UK. Account no. 01863630 Sort Code: 60-06-06.

To facilitate identification please confirm:

Your transfer reference	Date of transaction
Amount £	Bank from which the transfer has been made

### Option 3: Credit/Debit Card

I wish to pay by Credit Card.

Credit Card Type: Visa  Mastercard  Switch

I authorise Portland Customer Services to use the credit card details below to pay my membership fees.

Card No	Issue No (if available)
Start Date	Expiry Date
Name of Cardholder	
Signature	Date
Address of Cardholder	
City	Postcode/Zip
Country	

## 6. MEMBERSHIP NOMINATION

Your application for membership of the Genetics Society will not be accepted without the signature of a FULL MEMBER nominating you for membership. In instances where no full member is available you must submit a copy of your CV along with a short Academic Reference. Your application will then be considered by the Committee. Alternatively, you may contact the Society by email for a list of Society Reps in your area: [theteam@genetics.org.uk](mailto:theteam@genetics.org.uk).

Signature of nominating FULL MEMBER

Print name in block capitals

Membership No.

I do not have a signature of a nominating member. I enclose a copy of my CV along with an Academic Reference for consideration by the Committee (tick box if applicable)

Please return your membership application form along with any attachments to: The Genetics Society, Portland Customer Services, Commerce Way, Colchester CO2 8HP, UK marking your envelope MEMBERSHIP APPLICATION.

Please note that the approval of new members is ratified at the Spring Meeting as part of our AGM. However, your membership will begin as soon as your application is processed.