

Professional Membership form

Back Pain...Meeting the challenge together

About 50% of adults will have back or neck pain at some point during the next year – that is over 25 million people

As a charity, BackCare works alongside some of the most forward-thinking individuals, organisations, and companies. This support helps in our quest to promote back care awareness, involve ourselves in research and provide emotional and practical support to those living with back pain - whether through injury, wear and tear, musculoskeletal disorders such as Axial SpA, Scoliosis and Spina Bifida or other underlying health conditions like Multiple Sclerosis, Parkinson's Disease and Cancer, for example.

Becoming a professional member of BackCare will enable us to further our aim, whilst enabling you to promote your Practice within our searchable database.

Thank you for supporting us. We will keep you in touch with our work and send you copies of TalkBack, our magazine which focuses on spinal health and well being.

Professional Membership Form

Title:	First Name:
Surname:	Company Name:
Job Title/Hons:	Address 1:
Address 2:	County:
Postcode:	Tel:
Mobile:	Email:
Social Media:	Website:
Description of your company (25 words) capital letters plo	ease
Subscription Fee :	Annual:
Professional Members	
Professional Member - UK	☐ £60 inclusive of VAT
Professional Member - Overseas	□ £90
Please note there is a 2 months' cancellation notice for Direct Debit payments	
All cheques should be made payable to BackCare	Additional Donation to BackCare £
<u>Credit Card Payments:</u> Type: Visa/MasterCard/Switch – please c	ircle
Name on Card:	
Credit Card No:	
3 Digit security number:Signature:	
Instruction to your Bank or Build	ling Society to pay by Direct Debit
Please fill in the whole form using a ball point pen	geedict, to pay by 2cot 2 cont
Name(s) of Account Holder(s)	Originator's Identification Number
	4 1 1 6 4 6
Bank/Building Society account number	Instruction to your bank or Building Society
Bariky Building Society account number	Please pay BackCare Direct Debits from the account detailed in this
	Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with BackCare and, if so, details
Branch Sort Code	will be passed electronically to my Bank/Building Society.
	Signature(s)
Name and full postal address of your bank or building society	
To: The Manager Bank/Building Society	
Address	Date
Postcode	
	Banks and Building Societies may not accept Direct Debit Instructions for some types of
Reference number (BackCare Office use only)	account.
	The below guarantee should be detached and retained by the Payer.
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 BackCare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BackCare 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 BackCare or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when BackCare asks you to.
- 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.