



## NORTHERN IRELAND BRANCH, S.C.S.T.



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To: Mrs B. McDonald  
Cardiac Investigations Department  
Antrim Area Hospital  
45 Bush Road  
Antrim  
BT41 25RL

Please complete the form below and send it with your subscription.

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# NORTHERN IRELAND BRANCH, S.C.S.T.



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<i>Please pay</i>			
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<i>for the credit of</i>	<b>Society for Cardiological Science and Technology Northern Ireland Branch (SCSTNI)</b>		
<i>quoting reference</i>	<b>Annual Subscription SCSTNI</b>		
<i>the sum of</i>	Amount in words	Amount	
	<b>Ten Pounds Only</b>	<b>£10.00</b>	
<i>Date of first payment</i>	<b>upon receipt for 2008 subscription</b>		
<i>and thereafter every</i>	<b>1<sup>st</sup> April (annual payment)</b>		
<i>until further notice in writing or</i>	<i>Date of last payment</i>		and debit my account accordingly

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