#

PLEASE USE THIS FORM IF PAYING BY DEBIT or CREDIT CARD

**Member Name (IN BLOCK CAPITALS)**

**RCOT Membership No: BT \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be paid: £**

**Payment Method**

Credit/Debit Card Please complete the details below

**Card type**: Visa / Mastercard / Maestro (please delete as necessary)

**Card Number:** **Expiry Date of Card:** ……/…….

*Maestro Card holders only* - please also state the issue number, or valid from date: ……/…….

 **Card Security Code** (3 or 4 digit code embossed or

 imprinted on the reverse side of the card)

**Name on Card** ………………………………………………………..

**Contact Phone number:** ………………………………

(so that we can contact you should we

have any difficulties processing your payment)

**Email** ……………………………………………………….. (please write in BLOCK CAPITALS)

Signature ………………………………………………… Date ……/……../.…….