



# Mountaineering Council of Scotland - Membership Renewal Form

Return this completed form to:  
MCofS  
The Old Granary  
West Mill Street  
Perth PH1 5QP

Contact us at:  
t: 01738 493 943  
e: [membership@mcofs.org.uk](mailto:membership@mcofs.org.uk)  
w: [www.mcofs.org.uk](http://www.mcofs.org.uk)

Membership Number: \_\_\_\_\_ (if known)

Name: \_\_\_\_\_

Additional names for Joint or Family membership: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Membership subscription for the coming year:

Please tick a box to confirm your membership category

Individual  £27.30

Concession (unwaged, OAP, student)  £15.85

Joint (2 adults at same address)  £45.25

Family - Kids are free!  £45.25

Kids enjoy free membership but please ADD £3.25 insurance fee for each child under 18 yrs  £ \_\_\_\_\_

Graduate For 1 year after leaving a MCofS Student Club  £9.99

Youth (under 18 yrs)  £13.75

Individual Discounted rate for MLTS registrants  £21.75

Concession Discounted rate for MLTS registrants (unwaged, OAP, student)  £13.75

Postage to Europe ADD  £9.50

Postage to Rest of World ADD  £15.75

**Total** £ \_\_\_\_\_

### Payment Options (choose one) :

Direct Debit and Cheque payments are accepted only if drawn on a UK Bank Account

**Direct Debit**

Complete and sign the Direct Debit mandate below.

**Online at**

[www.mcofs.org.uk/member-services.asp](http://www.mcofs.org.uk/member-services.asp)

With secure card payment

**Cheque**

Make your cheque payable to **MCofS**.

**PayPal**

Pay via PayPal to [finance@mcofs.org.uk](mailto:finance@mcofs.org.uk)

**Credit/Debit Card** Please insert your card details

Valid from(if applicable) \_\_/\_\_/\_\_  Expires \_\_/\_\_/\_\_

Issue No.(If shown) \_\_ Security Code \_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please supply the address to which your card is registered IF it is different from that above.

### Instruction to your bank or building society to pay by Direct Debit

Please complete Parts 1 to 5 to instruct your bank or building society to make payments directly from your account, and send it to: Mountaineering Council of Scotland, The Old Granary, West Mill Street, Perth PH1 5QP



1. Name(s) of Account Holders

Originator's identification number **601220**

Reference number SUB101/

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2. Bank/Building Society Account Number

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Please pay Fees Re MCofS 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 the Mountaineering Council of Scotland and, if so, details will be passed electronically to my bank/building society.

3. Branch Sort Code

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5. Signature(s) .....

Date of Signature.....

4. To the manager

.....Bank/Building Society

Address .....

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Banks and building societies may not accept Direct Debit Instructions for some types of account

#### 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 Fees re MCofS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Fees re MCofS 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 Fees re MCofS 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 Fees re MCofS 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.

## Equity

The MCofS aims to ensure that everyone has an equal chance to participate in and contribute to their chosen mountaineering activity, and that no one is discriminated against unfairly for any reason.

Establishing how effective we are in meeting this aim means that we need to collect relevant membership details, and we ask that you help us by completing this form.

Your personal information will be treated in total confidence and will only be used in collated form for analysis and reporting purposes.

**Gender:** Male  Female

**Date of birth:**

**Are you registered as having a disability?** Yes  No

If you have indicated yes, please mark all the boxes that apply to you:

Visual impairment  Hearing impairment

Physical impairment  Learning disability/difficulty

Other? (please specify)

**Ethnic Group?**

White  Asian  Black  Mixed  Other Ethnic