

MEMBERSHIP FORM

PERSONAL DETAILS: (please use block caps)

Title: Forename/s: Surname:

Address:

..... Postcode:

Occupation: Date of birth:

Chosen Region:

Phone: (home)..... (work).....

Email:.....

Do you wish your phone*/email* details to be published in our internal 'Directory of Members'? Y/N*

STUDENT MEMBERS: College:

Tutor's name: Tutor's signature:.....

Membership Category:

I enclose my/our* subscription: £

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Signature/s: Date:

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