



Declaration of consent under the Data Protection Act 1998: Your signature on this form indicates consent that this information may be held on a computer and in a manual filing system. This data will be processed by the Society for the purposes of administering the activities of the Society.

If you wish to obtain a copy of the data processed, a description of the purposes for which it is being processed and any potential recipients of the data, or any information as to the source of the data, please contact the Membership Secretary. Please note that the Society is entitled to charge a fee for the provision of this information.

PLEASE COMPLETE FORM IN BLOCK CAPITALS

Application Form (for Associateship)

Business name

Surname

Forename Initials Title.....

Address

.....

Town County

Postcode Country

Telephone number Fax number

Email address(es)

(please confirm if the email address contains a hyphen or an underscore)

Website (if applicable)

Where did you hear about us? Member, client, website, advertisement, press, training organization.

Signed Date

In signing the Membership form the associate/member agrees to be bound by the bye laws, rules and regulations and the Code of Practice of the Society.

I believe that I may be eligible for Ordinary/Advanced membership and would like to receive a copy of the application forms.

