



Please refer to the regulations and guidance notes before completing this form and provide additional information in the form of a CV.

Category applied for:

Affiliate

Associate Member

Member

Fellow

Title: Miss Mr Mrs Ms Mx Dr Other (please specify)

Family name

First name(s)

Home address

Postcode

Telephone number

Email

Female

Male

Non-binary

Prefer not to say

Date of birth

day

/ month

/ year

Job title

Employer's name

Employer's address

Postcode

Telephone number

Email

Please tick preferred correspondence address

Home

Work

One referee is required for application to Affiliate or Associate Member. Member and Fellow applications require two referees.

Name

Membership category

Job title

Address

Postcode

Professional relationship to you
(eg tutor, supervisor)

Email

Name

Membership category

Job title

Address

Postcode

Professional relationship to you
(eg tutor, supervisor)

Email

If you are currently a non-member, please ensure your annual subscription payment accompanies your application.

Period applied for: One year Three years Five years

Membership subscriptions run from January to December each year.

