

STUDENT MEMBERSHIP APPLICATION FORM

STUDENT SUBSCRIPTION IS FREE FOR THE DURATION OF YOUR TRAINING

FIRST NAME MR/MRS/MISS/MS

SURNAME TEL NO:

ADDRESS WHILE TRAINING

..... POST CODE

Remember to update this if you move.
Home address if you would prefer correspondence and the journal to go to there.

.....

..... POSTCODE

EMAIL ADDRESS

TRAINING SCHOOL YEAR & MONTH DUE TO QUALIFY

REGION YOU WISH TO BE ALLOCATED

- | | | | |
|------------------|-----|-------------|-----|
| LONDON | () | SOUTH WEST | () |
| MIDLANDS | () | EAST ANGLIA | () |
| NORTH WEST | () | NORTH EAST | () |
| SOUTH WALES | () | SCOTLAND | () |
| NORTHERN IRELAND | () | | |

SIGNATURE DATE

Please send to:
Lynda Whelan
Membership Secretary
60 Lynwood Ave
Clayton-le-Moors
Accrington
Lancs. BB5 5RR

For official use only
Database
New members pack
Who's Who
Membership No:.....
Membership Card