



APPLICATION FOR MEMBERSHIP

16.02.2009

YOUR DETAILS AND INFORMATION

I / We wish to take advantage of BAFM's membership scheme.

The type of membership required is (please tick):

Individual

Institutional

Group

Your name:.....

Name of Group (if applicable):.....

.....

Address:.....

.....

.....

.....

Postcode:.....

Telephone:.....

Fax:.....

E-mail:.....

Website:.....

Number of members:.....

Amount included: £.....

Date:.....

Please make cheques payable to 'BAFM'.

ANNUAL SUBSCRIPTION RATES

Individual: £25

Institutional: £30 minimum

Group: 100 members and under - £50

101 to 500 members - £75

501 to 1,000 members - £100

1,000+ members - £150

PLEASE RETURN THIS FORM TO:

BAFM Membership Secretary
Jayne Selwood
141a School Road
Brislington
Bristol
BS4 4LZ

Tel: 01179 777 435

E-mail: admin@bafm.co.uk

FOR OFFICE USE ONLY

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