

Membership form for group affiliate membership (NASBM)



How to join: complete both sides of the form in block capitals and mark boxes with an X.
 Please return the form to: Membership Department, NASBM, First Floor Offices,
 140 Wood Street, Rugby, Warwickshire CV21 2SP or visit us at www.atl.org.uk/join for more information.

About You
 Surname Forename

Title: Mr Mrs Miss Ms Other Gender: F M Date of Birth

Home address
 Postcode

Home telephone Mobile

Home e-mail

Would you be happy for ATL to e-mail you? Yes No Would you be happy for ATL to text you? Yes No

Your Employer
 Date of entry to profession

Qualification obtained

Job title

Employer

Type of employment Bursars Other (please specify)

Centre/Workplace name

Centre number

Centre/Workplace address

Postcode

Work e-mail

Work telephone

Office use only
 Membership No: A

Help us plan our services
 Which e-mail address would you prefer us to use? Work Home

How did you hear about us? Local contact Exhibition NASBM website ATL website Direct mail Advertising Publications

Supply agency ATL member/friend Other (please specify)

Are you currently a member of NASBM? Yes No NASBM Membership No

Have you previously been a member of ATL? Yes No If yes, please call 0845 057 7000*

NASBM office use only Source 101
 Date received by NASBM NASBM verification signature

Please turn over to complete the form.

