



Association for Careers Education and Guidance

APPLICATION FOR MEMBERSHIP

The information supplied on this form will be confidential to the Association for the purpose of maintaining membership records and will not be provided to any other person or organisation without first obtaining permission.

Title <i>Mr, Ms, Mrs, Dr etc</i>	<input type="text"/>	<i>For office use only</i>	<i>Membership number</i>	<i>Database entry</i>
First name	<input type="text"/>	Last name	<input type="text"/>	
Name of school/college/organisation	<input type="text"/>		Job title	<input type="text"/>
Type of school/college/organisation	<input type="text"/>	Name of Local Authority	<input type="text"/>	
Where/how did you find out about ACEG?	<input type="text"/>			

Please give the address and contact information you wish us to use for mailings etc., either at home* or work* [**please delete one of these*]

Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Post code	<input type="text"/>
Telephone	<input type="text"/>		
Email	<input type="text"/>		

Subscription fee for 2008-2009

I enclose: [**please delete one of these*]

- a cheque for £50 made payable to ACEG*
- a purchase order*

No.

Signed

Date

Return to:

Sylvia Thomson, ACEG Membership Secretary,
36 Commercial End, Swaffham Bulbeck, Cambridge CB25 0NE.
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