

Membership Application Form

Please complete the following details

Title & First Name		✓
Last Name		✓
Job Title		✓
Employer		✓
Address for correspondence Work/Home		✓
Post code		✓
Telephone No.		✓
Fax No.		
Mobile No.		
Email address		
Qualifications		
Profession		✓
Special interests or skills (research, practice, education etc)		✓

I agree to the information marked with a ✓ (in the table above) being passed on to other members of the Institute.		YES/NO
EITHER I enclose my subscription by cash or cheque (payable to the Institute of Ageing and Health) OR please send me a Standing Order. Please tick appropriate category	Individual £15 []	
	Special £10 []	
	Student £10 []	
	Group £25 []	
	Corporate £80 []	
Please send me a Standing Order		YES/NO
Signed		
Date		

Please return to:

Institute of Ageing & Health
 Moseley Hall Hospital
 Alcester Road
 Birmingham
 B13 8JL