



MEMBERSHIP APPLICATION FORM

Please tick for the information to be included on the BASE web-site

| | | |
|---|---|--|
| DATE of application | | |
| Name and Title | | |
| Home Address | | |
| Telephone | | |
| Email | | |
| Organisation – name & address | | |
| Telephone | | |
| Email | | |
| Professional qualification(s) | | |
| Profession/discipline | | |
| Current Position | | |
| Summary of experience and interests | | |
| Description of role/services offered to be placed on BASE website (Max 100 words) + website address for link | | |
| OFFICE USE ONLY | Date application received Initial payment received Date membership confirmation sent out Standing order details received (date) Membership Number | |

DECLARATION:

- I confirm I have read BASE Articles and Memorandum of Association and if accepted for membership will adhere to the purposes of BASE
- I declare I do not have complaints upheld against me by any professional body
- I declare I have not been convicted of any sexual offence

I enclose a cheque for £30.00 made payable to BASE or completed standing order form.

SIGNED

DATE