

ASSOCIATE MEMBERSHIP APPLICATION FORM

I wish to apply for Associate Membership of the Nagalro for the year ending **31 March 2012**. I understand that this entitles me to participate in all of the activities of the Association, except to vote, or serve on the Committee. I also understand that I will receive copies of the Association journal, Seen and Heard together with other publications and reduced fees for conferences and training courses.

Occupation: (Please specify)

please tick as applicable

- I enclose a direct debit mandate duly completed.
- I enclose a cheque for **£65.00** payable to Nagalro.
- A reduced rate of £50.00 is available for the second member of a firm. This rate is applicable to colleagues of current Nagalro Associate Members. The name of the first Nagalro Associate member at this firm is and I enclose a cheque for £50.00 payable to Nagalro.

Full Name: _____

Name of Firm and Full Address:

Telephone No.: _____

Fax No: _____

Email address _____

Do you want to be part of the Nagalro members' private forum? _____
The Nagalro electronic messaging system for members to discuss professional issues

Signature:

Date: