



Member Amendment & Renewal Form

Your Details:

Mr/Mrs/Miss/Dr/Professor/Other _____

Forenames: _____

Surname: _____

Date of Birth: _____

MEMBERSHIP NUMBER: _____

Tel No (Home): _____

Tel No (Work): _____

Mobile: _____

E-Mail: _____

What would you like to do? *(Please complete appropriate section)*

UPGRADE/DOWNGRADE MEMBERSHIP:

(See Notes Below)

Current Membership: _____

New Membership: _____

With Effect From: _____

Upgrade Fee? _____

CANCELLATION

(See Notes Below)

Membership Type: _____

Payment Method: _____

Cancellation Effective From: _____

Date of Request: _____

Signed: _____

CHANGE OF NAME/ADDRESS

New Name: _____

New Address: _____

FREEZE REQUEST *(see Notes Opposite)*

Reason for Freeze: _____

From: _____ To: _____

Signed: _____

Date: _____

MEMBERSHIP RENEWAL:

Membership Type: _____

Amount Paid: _____

Date: _____

Signed: _____

CANCELLATION OF ASSOCIATE MEMBER

(See Notes Below)

Name of Associate: _____

Payment Method: _____

Cancellation Effective From: _____

Date of Request: _____

Signed: _____

IMPORTANT NOTES:

CANCELLATIONS & CHANGES TO MEMBERSHIP:

Please note that if you pay by Direct Debit the deadline for all amendments (inc of cancellations) to be received is 25th of the month leading up to the next payment. Any received after this date cannot guaranteed to be processed, which may mean the amendment will not take place until the end of the following month. The same ruling applies to those who pay by payroll, but the deadline is 8th of the month leading up to the next payment.

FREEZE REQUESTS:

Freezing can only be done in full months (ie 1st – 31st). If you are freezing due to illness, injury, or pregnancy then it is free of charge. Any other reason then a £3.00 monthly retainer fee will apply. You can freeze for the period between 1 month and a year.