

## **APPLICATION FOR MEMBERSHIP**

## Please complete in block capitals

Name:
Company/ business / chambers :
Position:
Address for correspondence:
Post code
Telephone:
E-mail:
Inn:Date (or expected date) of call
Do you have a practising certificate?
Membership subscription: £70 Ordinary membership, £20 retired and student members
Signature: Date:
Please email the completed form to the email address below and if possible pay the fee by bank transfer using the bank details on the standing order form. You can also post the forms along with a cheque, if necessary.  E-mail: <a href="mailto:secretary@bacfi.org">secretary@bacfi.org</a> ; website: <a href="mailto:swww.bacfi.org">www.bacfi.org</a> .

I understand any information I provide to BACFI will be used by the Association to provide me with relevant information and publications. I understand BACFI may contact me via email, telephone, post or any other communication media with details of events and other matters of interest. If you do not consent please let us know. I understand BACFI will at all times capture and process my personal information in accordance with the requirements set out in the Data Protection Act 2018.



## **NEW MEMBER QUESTIONNAIRE**

The purpose of this questionnaire is to ensure that BACFI is better able to serve the interests of its members. We would like to know what you expect from and what you can contribute to the Association. Please take a few moments to complete and mail to the Secretary with your completed application form

NAME:	
1. How did you hear about BAC	CFI?
should be addressing?	ACFI and what particular issues do you think BACFI
	iterested in?
·	
4. What sector do you work in?	
Energy Me Transport Pu Technology/IT Fir	edia/Publishing Engineering/Manufacturing blic Services Health/Pharmaceutical nancial Services
Other (please specify)	
	for our sub-committees to help with the valuable work ers. Please indicate if you would be willing to serve
<b>Event Organisation</b>	Professional issues
Education and training	Career Counselling
6. Please indicate what subject	s you would like to see covered in future seminars



## Annual Subscription

	STANDING ORDER AUTHORITY	
Please complet	e and send to:	
BACFI, PO Box	4352, Edlesborough, Dunstable, LU6 9EF	
_		
То:	Bank	
Bank Address:		
Account No: Sort Code: Account name:		
March 202 an	sum of £70 / £20 <i>(please delete as appropriate)</i> on the 1st day of ad on the same date each year until further notice to our account at stminster Bank plc.	
Account Name: Account No: Sort Code:	16626109	
Member's Name: Address:		
Signature:		
Date:		