



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

Membership subscription for retired and student members £20

Signature: Date:

Please send to BACFI, PO Box 4352, Edlesborough, Dunstable, LU6 9EF together with the attached questionnaire, a cheque for the initial subscription and a completed standing order form.

Tel: 01525 222244; e-mail: secretary@bacfi.org; website: www.bacfi.org.

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. I consent to my details being available to other members of the Association. 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 1998.



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 BACFI?

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2. What do you expect from BACFI and what particular issues do you think BACFI should be addressing?

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3. What areas of law are you interested in?

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4. What sector do you work in? *(Please tick)*

Energy	Media/Publishing	Engineering/Manufacturing
Transport	Public Services	Health/Pharmaceutical
Technology/IT	Financial Services.....	

Other (please specify)

5. We welcome new members for our sub-committees to help with the valuable work BACFI carries out for its members. Please indicate if you would be willing to serve on/help with:

Event Organisation	Professional issues
Education and training	Career Counselling
Finance	Membership

6. Please indicate what subjects you would like to see covered in future seminars

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ANNUAL SUBSCRIPTION
STANDING ORDER AUTHORITY

Please complete and send to:

BACFI, PO Box 4352, Edlesborough, Dunstable, LU6 9EF

To: Bank

Bank Address:

Account No:

Sort Code:

Account Name:

Please pay the sum of £70 / £20 (*please delete as appropriate*) on the 1st day of March 201.... and on the same date each year until further notice to our account at the National Westminster Bank plc.

Account Name: BACFI

Account No: 16626109

Sort Code: 60-80-08

Member's Name:

Address:

Signature:

Date: