|  |  |
| --- | --- |
| Please return your completed form to:i.r.hodgson@outlook.com andProfessor Anita EvesHonorary Secretary- CHMEUniversity of Surreyemail- a.eves@surrey.ac.uk  |  |

# Application Form for membership

Category of membership applied for (please tick):

* **Institutional - Full Membership** (£350) - This covers membership for all staff at a university or college, in the UK or internationally, which as an institution subscribe to CHME and whose subscription is paid.
* **Individual – Full Membership** (£85) - This covers membership for an individual, whose university or college does not subscribe to CHME, but who subscribe and pay a subscription for themselves.
* **Institutional – Affiliated Membership** (£350) - This covers membership for all employees or individuals whose employing company or organisation subscribes to CHME and whose subscription is paid.

Method of payment (please tick):

* I enclose a cheque made payable to: CHME
* Please invoice my institution/organisation for payment (the invoice will be sent to the name/address given below, unless requested otherwise)
* PLEASE INCLUDE DETAILS OF FULL INVOICE DETAILS IF DIFFERENT FROM MEMBERSHIP DETAILS BELOW

**MEMBERSHIP RECORD DETAILS:**

|  |  |
| --- | --- |
| **Contact Name:** |  |
| **Department:** |  |
| **Institution:** |  |
| **Address:** |  |
| **Tel.** |  |
| **E-mail:** |  |
| **Institutional Website URL:** |  |

**Please note that CHME only uses these details for CHME purposes and they will not be made available to other organisations, however institutional members can be included on the CHME website.**

**I do/do not (please delete) wish the institutional name, website, contact name, e-mail and telephone no. to be made available on the CHME website.**

**Thank you for applying for CHME membership**

**INVOICE DETAILS**

|  |
| --- |
| Contact Name:  |
| Department:  |
| Institution:  |
| Address: |
|  |
|  |
|   |
| Tel.  |
| E-mail:  |
|  |