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| **Student Affiliate – Student BioSoc member discounted rate for 1 year** | | | | | | | | | | | | | |
| **C:\Users\adamtimmins\Desktop\Picture8.png** | | | | | | | | | | | **S:\Brand tools\Logos\logo rgb- sml.jpg** | | |
| **Personal** | | | | | | | | | | | | | |
| Title | | | | Forename | | | | | | Surname | | | |
| Female | Male | | | Date of birth (dd/mm/yyyy) | | | | | | Nationality | | | |
| **Home/Parents’ address** | | | | | | **Term-time address** | | | | | | | |
|  | | | | | |  | | | | | | | |
| Address: | | | | | | Address: | | | | | | | |
|  | | | | | |  | | | | | | | |
|  | | | | | |  | | | | | | | |
| Town: | | | | | | Town: | | | | | | | |
| Postcode: | | | | | | postcode: | | | | | | | |
| Telephone: | | | | | | Telephone: | | | | | | | **C:\Users\adamtimmins\Desktop\Picture6.png** |
| Please specify which address we should use for correspondence: Home | | | | | | | | | Term-time | | | |
| Please print your email address. We’d like to stay in touch with you after you graduate so please use your personal address: | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| **Current studies** | | | | | | | | | | | | | |
| University name: | | | | | | | | | | | | | |
| Course title: | | | | | | | | | | | | | |
| Year you will be awarded your qualification: | | | | | | | | | | | | | |
| Name of BioSoc: | | | | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | |
| If elected I undertake to abide by the Charter and Bylaws of the Society for the full term of my membership, including Bylaw 21 which states:  *All Individual members of the Society shall at all times so order their conduct as to uphold the dignity and reputation of the profession of biology and to safeguard the public interest in matters of safety and health and otherwise. They shall exercise their professional skill and judgment to the best of their ability and discharge their professional responsibilities with integrity.* | | | | | | | | | | | | | |
| **C:\Users\adamtimmins\Desktop\Picture9.png** | |  | | | | | | | | | | | |
| **If you are returning your application form electronically we will deem it to be validly signed** | | | | | | | | | | | |
| Signature | | | | | | Date | | | | | |
| **Payment** | | | | | | | | | | | | | |
| MasterCard | | | Maestro | | VISA | | | | | | | Solo | |
| Name: | | | | | | | Card Number: | | | | | | |
| Cardholder address: | | | | | | | Expiry date: | | | | | | |
| Town: | | | | | | | Issue No. (Maestro and Solo): | | | | | | |
| Postcode: | | | | | | | Security code: | | | | | | |
| **Please debit my account £12.50** | | | | | | | | | | | | | |
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