

Membership Application Form

New Application	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
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Please tick appropriate box

Institution Information

Contact Name:	
Name of College:	
Department:	
Address	
	Postcode
Telephone:	Contact's Mobile:
Fax Number:	Email Address:
Web Site Address:	

Payment

(Please read section 'How to Apply')

Please send your completed application form along with a cheque to:

The Honorary Treasurer.
APHE
 c/o Ronnie Inglis
 Department of Photography
 The Arts Institute at Bournemouth
 Wallisdown
 Poole
 Dorset BH12 5HH
 United Kingdom
ronnie.inglis@btinternet.com

Or if you prefer pay directly to our account

Please pay	Bank	Branch title	Sort code number
	LLOYDS TSB	HIGH STREET LEICESTER	30-94-97
For the credit of	Beneficiary's name	Account number	
	APHE	0679244	

The sum of	amount	Amount in words
	£.....