



AFFILIATION FORM

Annual Fees: Institutional: £100.00
Individual: £50.00

Institutional Membership

Name of Institution School/College etc	
Address	
Postcode	
Telephone number (with code)	
LEA (if applicable)	
Name of contact person	
Post held	

Individual Membership

Mr/Mrs/Miss/Ms/Dr/Other (please state)	
Surname	
First names	
Address	
Postcode	
Telephone number (with code)	

Please return this form to **CSCS, The Knowledge Exchange, The University of Northampton, Boughton Green Road, Northampton, NN2 7AL**, enclosing your cheque.

Alternatively it may be faxed (**01604 791114**) and you will be invoiced.