

Membership of the MIRCE Akademy
Continuous Professional Development for Capability



For Office Use Only

Date	
Member No.	

Personal Details

Surname/family name			
Forenames			
Home address			
Country		Post/zip code	
Home telephone			
Mobile telephone			
Email			

Membership Type (please tick box)

<input type="checkbox"/> Member
<input type="checkbox"/> Student
<input type="checkbox"/> Retired

Member Employment Details

Employer			
Job Title			
Department/Division			
Business address			
Country		Post/zip code	
Business telephone			
Email			

Student Course Details

Course			
College/University			
Address			
Country		Post/zip code	
Email			

Payment (please tick box)

<input type="checkbox"/> Cheque (made payable to Mirce Science)			
Cheque enclosed for £	(GB Pounds)		
<input type="checkbox"/> Bank Transfer to (please contact us for details)			
<input type="checkbox"/> Credit Card (please debit my credit card):			
Visa	<input type="checkbox"/>		
MasterCard	<input type="checkbox"/>		
Amex	<input type="checkbox"/>		
Cardholder's Name			
Card No.			
Security Code			
Expiry Date			
Cardholder Signature			

Declaration

I apply for Membership of the MIRCE Akademy and confirm that I have read and accept the Conditions of Membership.

Signature	
Date	