MEMBERSHIP FORM

Please return this form or the requested information to the Secretary at: kate.norman@cantab.net or by post to
The North Wing, Crowcombe Court, Crowcombe, Taunton TA4 4AD

NAME ……

COLLEGE …… MATRIC YEAR ……..

PARTNER'S NAME……

COLLEGE …… MATRIC YEAR……..

EMAIL ……..

POSTAL ADDRESS ……

……..

TELEPHONE ……

Additional optional information:

DEGREE SUBJECT ……

CAREER HIGHLIGHTS AND AREAS OF SPECIAL INTEREST……

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The information you supply will be used only for the legitimate purposes of the Society. A copy of our Data Protection Policy statement is available on request.