

Membership Application/Renewal

Title: _____

Forename: _____

Surname: _____

Institution: _____

Address: _____

Postcode: _____

E-mail: _____

Telephone - (Work): _____

(Home): _____

I wish to join IPDA for the calendar year as a full member.

I enclose a cheque / please invoice my institution/organisation for £40.00:

I agree that the information contained in this application form may be placed on a database and electronically processed.

No information or details will be disclosed to a third party without the express consent of the individual member.

Signature: _____

Date: _____