

Chiltern SPR - Membership Application Form - Web Version

Applicant Details

TITLE & NAME: _____

DECORATIONS DEGREES, etc. : _____

FULL ADDRESS Line 1: _____

Line 2: _____

Line 3: _____

Town / City: _____

County: _____

Post Code: _____

OCCUPATION: _____

DATE OF BIRTH: _____ / _____ / _____ (dd/mm/yyyy)

CONTACT TEL. NO: _____

E-MAIL: _____

N.B. In accordance with the Data Protection Act 1998, information given on this form will be used solely for administrative purposes by the Chiltern Society for Psychological Research and will not be shared with any third parties.

Membership Details

Please indicate which category of membership you require:

Associate Member £20.00 p/a Family Member £35.00 p/a Group Member £20.00 p/a Concessionary Member * £15.00

If Family Membership, please list names of persons joining with you: _____

If Group Membership, please give name of organisation: _____

* Please supply a copy of supporting documentation with your application.
Cheques or Postal Orders should be made out to 'Chiltern Society for Psychological Research'.
† Available to view on the CSPR website: www.cspr.org.uk

Additional Information

What are your main reasons for joining the CSPR?: _____

Are you interested in taking part in investigations or carrying out research?: _____

Please accept my application for CSPR Membership. I enclose necessary payment and agree to abide by the current Guidelines for Membership (†) and the relevant sections of the CSPR—Aims of the Society (†).

Signed: _____ Date: _____

Send signed & completed form (photocopies accepted) together with payment to:
CSPR Secretary, 43 Neville Road, Limbury, Luton, Bedfordshire, LU3 2JG.