

APPLICATION FOR ASSOCIATE MEMBERSHIP THE UNIVERSITY OF LONDON UNION

Eligib	ility for Associate Membership is defined in paragraph 3.2(c) of the ULU Constitution.
Fee:	£17.50 per year. Please indicate start date
Applio Londo photo	OST ONLY cation to be made on this form and returned to the University of London Union, Malet Street, on WC1E 7HY, together with the relevant subscription, a passport-sized photograph and a copy of staff identification. For graduates of the University of London, a copy of degree ficate will be required and retained as proof.
Surna	ame Prof/Dr/Mr/Mrs/Ms/Miss
-	ollege and Department
	egree and College Attended
Privat	te Address
email	l:
Signa	ture Date
Wher	e did you hear about us?
FOR	OFFICE USE ONLY
Memb	pership required from to to
Chec	k list: Photo: Membership Card No:
Proof	of identification:
Total	amount paid: £ Cheque / Cash