

APPLICATION FORM

I apply for membership of The Development and Environmental Professionals' Association.

I agree to be bound by the Rules of the Association and any alterations or amendments that may be made thereto in accordance with the Rules of the Association. I note the provisions of Rule 6 - Resignation, of the Rules of the Association requiring any resignation in writing.

FULL NAME

ADDRESS

.....POSTCODE

DATE OF BIRTH

TELEPHONE (W) (H)

FAX MOBILE PHONE

EMAIL

JOB TITLE

CURRENT EMPLOYER

METHOD OF PAYMENT: (please circle the appropriate number)

1. **Annually** - those choosing to pay annually must send appropriate subscription

OR

2. **Council Deductions** - if paying by deduction please inform your paymaster and indicate on the space provided when deductions will commence.

Week ending

QUALIFICATIONS: (please circle your qualification)

1. Environmental Health & Building
2. Planning
3. Environmental Science
4. Other (please specify)

MEMBERSHIP STATUS: (please circle the appropriate number)

1. Member
2. Trainee/Junior
3. Part-time

SIGNATURE DATE