

## Student Membership Application Form

*Please type in the grey fields.*

Surname

Title (Dr/Mr/Mrs/Ms etc.)

Forename(s)

Nationality

Home address

Date of birth

Email Address

Mobile number

Institution

Address

Course Title

Year of Graduation

Signature of course tutor

### DECLARATION

I declare that I will observe the provisions of the Charter and By-laws and do the utmost in my power to promote the welfare and maintain the dignity of SDC as long as I remain a member

Applicant's name

Date form completed

### Payment:

Pay by Direct Debit (please complete DD form and post to SDC with your application form)

I enclose a cheque for £        sterling

Please debit my credit card for £        sterling

Card type: **MasterCard/Visa**



Expiry date:

Account No.

Card Security Code *(the last three digits on the back of your card)*

Cardholder's Name

#### FOR OFFICE USE ONLY

Form received:

Payment received:

Membership number:

