



CMPE Membership Application Form

Apply to become a member today

Applicant's Details:

Forename: _____ Surname: _____
Address: _____
Town: _____ County: _____
Post Code: _____ Email: _____
Daytime Tel No: _____ Evening Tel No: _____
Mobile No: _____ Date of Birth: _____

Have you ever applied for Membership or been a member of the CMPE before? YES/NO

If YES Which Branch? _____

Company Details:

Company Name: _____ Position Held: _____
Address: _____
Town: _____ County: _____
Post Code: _____ Tel No: _____

Payment Method:

- I enclose payment of £ _____ payable to the CMPE.
- I request that an invoice be forwarded to my company for £ _____
Purchase Order No _____ (an official order must be enclosed)

Joining Fee	£25.00
Membership Fee	<u>£40.00</u>
	<u>£65.00</u>

Further Information:

Where did you hear about the CMPE?

- | | |
|---|---|
| <input type="checkbox"/> Exhibition/Promotional Event | <input type="checkbox"/> CMPE Website |
| <input type="checkbox"/> Information received in post | <input type="checkbox"/> Other Website |
| <input type="checkbox"/> Newspaper/Magazine/Trade Journal | <input type="checkbox"/> Recommendation/Word of Mouth |
| <input type="checkbox"/> CMPE Publication/DVD | <input type="checkbox"/> Other _____ |

Declaration:

I, the undersigned, hereby apply for membership of the CMPE

Signature of applicant: _____ Date: _____

CMPE Members endorsing this application:

Proposer (Name & Signature): _____ Seconder (Name & Signature) _____

Data Protection: The CMPE will only use your personal data to 1) administer and manage your membership and 2) to promote products, services and activities.

**PLEASE FORWARD THIS COMPLETED APPLICATION WITH PAYMENT TO THE STAFF & MIDLANDS BRANCH SECRETARY
Mr N Rowell, 130 New Penkridge Road, Cannock, Staffs WS11 1HN**

The Branch Secretary to forward a copy to the NATIONAL SECRETARY and the NATIONAL TREASURER with payment.