



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 WESSEX BRANCH SECRETARY

Mrs E Farrington, 24 Monastery Road, Bitterne Park, Southampton, SO18 4HT

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