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**MEMBERSHIP APPLICATION/RENEWAL 2019**

Please print your details below:

**Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Surname:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Post code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home telephone number: Mobile number:**

**Email address:**

*Please delete - I DO or DO NOT - for each of the options below.*

**I DO / DO NOT** authorise my email address to be used for email correspondence from the SSBA. and shared with other members only, to share information about events, transport to meetings, courses and exhibitions.

**I DO / DO NOT** authorise any photographs taken of me at any SSBA events to be shared in the SSBA newsletter, or on social media or the SSBA web site

**Membership requested:** please tick category below

Full £50 Student £20 Friend £20

Additional donations are most welcome: £

**Date of Joining/Renewal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I enclose my cheque for** £ \_\_\_\_ made **payable to the SSBA**

**OR** by bank transfer to **Sort code 80-22-60. Account no. 13727960**

Please put your name and MEMBERSUB as reference.

**Signature:**

PLEASE POST or email TO SSBA Treasurer:

Dr. Kate Braithwaite, 9 Manse Brae, Dalserf, Larkhall, Lanarkshire, ML9 3BN

katebraithwaite@btinternet.com

Membership is renewed annually in January.