



MEMBERSHIP APPLICATION/RENEWAL 2019

Please print your details below:

Title: _____

First Name: _____ **Surname:** _____

Address: _____

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.