



Professional Advisers to Rural Business and on the Environment

APPLICATION FORM FOR INDIVIDUAL AFFILIATE MEMBERSHIP

Please type or print

1. NAME (in full):MR/MRS/or

BUSINESS ADDRESS:

.....Postcode:

PRIVATE ADDRESS:

.....Postcode:

TELEPHONE No.'s

Business:Private:

Fax:Mobile:

E-mail Address:

Age: Date of Birth:

2. GENERAL AND TECHNICAL EDUCATION

a. Details of Schools, Colleges and Universities attended, with dates.

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b. Certificates, Diplomas, Degrees, Professional Qualifications and Awards attained & dates

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Continued

3. PRACTICAL TRAINING

Names of Companies, Farms, etc. Locations and dates:

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4. PREVIOUS CAREER

Brief details of position held since completion of training to commencement of present occupation.

You may substitute this section with a full written CV if you prefer.

(Continuity of dates requested, commencing with oldest date):

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5. DECLARATION AND UNDERTAKING

I, the undersigned, declare that I undertake to support the work of the Institute to the best of my ability and declare that the answers listed in this questionnaire are correct to the best of my knowledge.

Signed Date

6. WHERE DID YOU HEAR ABOUT BIAC?

Colleague / Friend	
Advertisement	
Web Search	
College/ University Lecturer	
Other (please describe)	