

CCHN
Child Care History Network

Membership Application Form

DATE:

TITLE	FIRST NAME	LAST NAME
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ADDRESS:

POSTCODE:

EMAIL:

PHONE:

JOB TITLE:

ORGANISATION:

ANNUAL SUBSCRIPTION: I am applying for:

- | | | |
|--|--------|--------------------------|
| Individual membership | £20.00 | <input type="checkbox"/> |
| Organisational membership
[the named person above will be the nominated representative for the organisation] | £40.00 | <input type="checkbox"/> |
| Life Membership (Note: This is a one-off payment)
Current age 55 + | £80.00 | <input type="checkbox"/> |

I enclose a cheque for £

Signed:

Please print and complete this form and send it by post with your cheque made payable to "Child Care History Network" to:

Rosemary Lilley, Secretary, CCHN
c/o Planned Environment Therapy Trust
Barns House
Church lane
Toddington, near Cheltenham
Glos. GL54 5DQ

More Choices (Please tick for "Yes"):

- I am happy for my contact and professional details to be shared with other CCHN members**
- Please add me to the CCHN email discussion group (please give email address above)**

***NB:** Your details will be held electronically and will not be disclosed to a third party without your permission*

Office use:

Date Received:

Membership number