UKAMB members Professional/IndividualStudent/Corporate

Name ……

Address……..

……

……..

Telephone……..

Email……..

Job role (if applicable)……

Trustee: Y/N

How long member of UKAMB (if applicable)……..

Or New Member Y/N

Type of Membership……..

Special areas of interest/expertise?……
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Signed…….

Dated…….