Quaternary Research Association

MEMBERSHIP APPLICATION

Please complete using BLOCK CAPITALS

Title: Name: .....

Address (Institutional if possible): .....
The Secretary should be informed of changes of address as soon as possible.

.....

.....

Postcode ..... COUNTRY .....

Department telephone: ..... Direct dial telephone: .....

Fax number: ..... E-mail: .....

NB. Information provided will be stored on a computer and as such is subject to the Data Protection Act, 1984. Any member wishing to have his or her name removed from this computer file should inform the Secretary in writing. The information will also be printed in the QRA Membership list which is produced every year. If you DO NOT want to be included in the on-line, password protected ÒQRA MEMBERS ONLYÓ ADDRESS LIST (.PDF format) please tick here É..

Please indicate the type of Membership required *(delete as necessary)

* Ordinary * Retired/ * Student/* Unwaged * Institutional

Main field/s of interest in Quaternary studies: .....

How did you find out about the QRA? .....

I agree to abide by the constitution of the Association, and will pay my annual subscription by the following method (please delete as applicable)

UK Members		Overseas Members (please see Helpsheet for advice)		
BankerÕs Order	Cheque payable to the Quaternary Research Association & sent each January 1 to the Membership Secretary	Credit Card	Foreign Bank Transfer	Giro Account (email : val@bethesda.demon.co.uk for details)

NB. foreign members are strongly urged to pay several years' subscription on a single transfer, to avoid excessive bank charges.

Signed: ..... Date: .....

Please return this form to:

Val Siviter, QRA Admin. Support, Cilgeraint Farm, St. AnnÕs, Bethesda, Gwynedd LL57 4AX, UK

val@bethesda.demon.co.uk

For the Membership Secretary's use:

Date added to database: Membership number: 200 /

Date received: J F M A J J A S O N D

Issues of Circular & Newsletter sent: February June October