

APPLICATION FOR SPECIALIST MEMBERSHIP		
In connection with your enquiry regarding Specialist Membership of the Faculty, please complete the details below and return this form with the appropriate payment to the address given above.		
Surname:		
Forenames:		
Title:	*Mr/Mrs/Miss/Dr/Other	<i>*delete as applicable</i>
Date of Birth:		
Subject for Specialist area: (eg. Chemistry)		
Details of three referees (Please refer to Faculty Regulations 1.3): Referee 1		
Referee 2:		
Referee 3:		
Qualification(s)/Date	Qualifications	Date
Daytime Telephone No:		
Email:		
Signature:		Date:

I enclose a cheque (made payable to BOHS) /payment by MasterCard/Visa authority of £184 for the current year and the Specialist oral exam fee. I understand that if my application is refused my money will be refunded.

Subscriptions are due on 1 January each year, but persons applying to join the Society after 31 October may opt to delay the commencement of their membership until 1 January the following year. Please indicate (if applicable) whether you wish to exercise this option. YES/NO

Subscriptions are VAT exempt.

FOR MASTERCARD/VISA PAYMENTS

Card Number

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Expiry Date

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Amount Authorised	£
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NAME	
SIGNATURE	

For more information why not visit our web site? You can find us at: www.bohs.org