

## **ANAUK Application Form for Membership**

Please select the type of membership you are applying for below:

Full Membership

Associate Membership

Applicant's Name: .....

**(Please print)**

(Family name)

(First name)

Title: (Dr, Mr, Miss, Ms, Prof, etc): .....Sex: (Male/Female): ..... Date of Birth: ...../...../.....  
(dd/mm/yy)

Present Mailing Address: .....

(City)

(Country)

(Postal/Zip Code)

Telephone: ..... Mobile Number: .....

E-mail: ..... **(Please write clearly)**

Present Position: (Exact Title) .....

Employing Institution: .....

(Name of Department)

(Name of Institution)

(Address of Institution)

**Personal Qualifications:** (include only professional degrees and diplomas with dates)

**Professional Experience:** (include key positions and dates)

**AREAS OF EXPERTISE**

Please select the academic category that you belong. You can select more than one as applicable.

Primary

Secondary

Post 16  
Colleges

FE Colleges

University

Consultancy

Exam  
Officer

8 Other  .....

Please specify

Please describe areas of expertise in your own words. Name areas in which you do research, teach, review scientific papers etc.

If you have applied as an **associate member** please explain why you are interested in this organization.

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.....  
.....  
.....  
.....  
.....

Thanks for your interest. Please visit our website on how to send your application form – [www.anauk.org.uk](http://www.anauk.org.uk). We will get back to you as soon as possible.

**For Official Use Only**

Date Form Reviewed: \_\_\_\_\_

Date contact made: \_\_\_\_\_

Name of caseworker: \_\_\_\_\_

Type of membership offered: \_\_\_\_\_

Email/ Letter of confirmation sent: \_\_\_\_\_

Date confirmation letter sent: \_\_\_\_\_