

Learning Resource Centre

Membership Form

Contact details

Dr/Mr/Mrs/Ms _____

Surname: _____

First name: _____

Job title: _____

Organisation: _____

Address: _____

_____ Post Code _____

Telephone: _____

Mobile: _____

Email: _____

Membership Type

Individual Group Number of users _____

If your Membership is on a group or departmental basis, please forward a list of people who will be entitled to make use of the Learning Resource Centre and a main contact name for administration of the membership.

Payment details

Please invoice me

I enclose a cheque made payable to Roffey Park Institute Ltd

Please debit my credit card / debit card as follows

Card Number _____

Security Number _____

Valid From _____

Expires on _____

Total payment _____

Card issue number (Maestro/Solo only) _____

Name and address of card holder (if different from above)

Name _____

Address _____

Signature _____ Date _____

From time to time, we would like to send information to you about our research, services and events which may be of interest.

If you wish to be excluded, please tick this box.

www.roffeypark.com

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