## Please complete the following (BLOCK CAPITALS)



## **MEMBERSHIP APPLICATION FORM**

РНОТО

Mr/Mrs/Ms/Other
Last name
First name :
Age —————Gender: M /F / Other
Address :
Post Code
Email
Phone Mobile
Job Title
Company/Organisation/Publication
Freelance (Regular publications)
Circle one : New / Renew / Transfer
Applicant's declaration
I confirm that the above information is correct and that I agree to abide by the constitution , rules and code of conduct adopted by FNJ UK Branch.
Signature: Date:
Please send this form to