



Please write clearly using BLOCK CAPITALS and BLACK INK

We hereby apply to become a Corporate Affiliate

SECTION A – Contact details for annual invoice/receipt

Company
Name/Contact Position
Company Address Postcode
Telephone Facsimile
Email
Name of CEO/MD (if different from above)

SECTION B – Payment details by cheque or credit card

1. Payment by cheque
I enclose a cheque for the full amount
2. Payment by credit or debit card
Visa Mastercard Switch\* Delta Eurocard Amex Security code
Card number Expiry date

SECTION C – Details of your nominated Members or Affiliates in your organisation

Name Position Company Address (if different) Country Postcode Telephone Facsimile Email (repeated for multiple members)

Organisational Membership Application



For additional Affiliate applications, please photocopy this membership form, complete and attach. Please send to the CILT Membership Department for your country.

Signed on behalf of the company Date