



Student Membership Application - Course Details

Please complete this form and upload it with your application on
www.apbc.org.uk/student-member-application
Any questions please contact info@apbc.org.uk

YOUR INFORMATION

NAME	
STREET ADDRESS INCLUDING TOWN AND COUNTY	
COUNTRY	POSTCODE
TELEPHONE	EMAIL

STUDENT'S COURSE DETAILS

NAME OF COURSE
ACADEMIC LEVEL
EXPECTED DATE OF GRADUATION
INSTITUTION NAME
INSTITUTION STAMP

HEAD OF DEPARTMENT DIRECT CONTACT DETAILS ARE REQUIRED IN CASE WE NEED TO ASK THEM ABOUT AN ASPECT OF THE COURSE:

HEAD OF DEPARTMENT NAME
HEAD OF DEPARTMENT PHONE
HEAD OF DEPARTMENT EMAIL

PLEASE NOW RETURN TO THE WEBSITE WWW.APBC.ORG.UK/STUDENT-MEMBER-APPLICATION UPLOAD THIS COMPLETED DOCUMENT
ALONG WITH THE OTHER DETAILS.