

APPLICATION FOR MEMBERSHIP 2013

I wish to apply for Membership of the Society and submit the following particulars in support of my application. If accepted I undertake to accept and agree to abide by the constitution and bye-laws of the Society.

Signed ₋			Dated	
Full Name			Date of Birth	
Home Address				
				Post Code
Tel. No	Fax No		E-mail Address	
Employer's Name &	Address			
		Post Code)	
Tel. No	Fax No		E-mail Address _	
	Number of years continu	uous glassblowing	experience	years
	GLAS	SBLOWING EXP	<u>ERIENCE</u>	
	<u>Employer</u>	<u>Dates</u>	Pos	ition held
	Have you ever previous	To To To sly held Membersh	nip of the Society? Y	res / No
	Do you require your corre	espondence maile	d to your Home /	Business
UK Studen	t: £15 (i.e. Any person with All other Overs	UAL MEMBERSH th up to 5 years gla grades of UK men seas Student & Re des of Overseas n	assblowing experier nbership £30 tired £30	nce), UK Retired: £15
	I enclose £	Annua	l Membership fee	
	TOTAL	. ENCLOSED £		

Please make payment in sterling via cheque made payable to BSSG.
For additional payment options using BACS, PayPal or credit card via PayPal invoice please contact the Hon. Treasurer.

HON. Treasurer

Mr Daniel Jackson
Glassblowing Workshop
University of Sheffield, Department of Chemistry
Brook Hill, Sheffield S3 7HF
Email: d.p.jackson@sheffield.ac.uk