



**APPLICATION FOR MEMBERSHIP 2014**

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 continuous glassblowing experience \_\_\_\_\_ years

**GLASSBLOWING EXPERIENCE**

<u>Employer</u>	<u>Dates</u>	<u>Position held</u>
	To	
	To	
	To	

Have you ever previously held Membership of the Society? Yes / No

Do you require your correspondence mailed to your Home / Business

**ANNUAL MEMBERSHIP FEES**

UK Student: £15 (i.e. Any person with up to 5 years glassblowing experience), UK Retired: £15

All other grades of UK membership £30

Overseas Student & Retired £30

All other grades of Overseas membership £45

I enclose £ \_\_\_\_\_ Annual 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