

**APPLICATION FOR MEMBERSHIP**

NAME OF SCHOOL OR DEPARTMENT

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NAME OF COLLEGE OR UNIVERSITY

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POSTAL ADDRESS

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.....

NAHEMI REPRESENTATIVE

name:.....

phone:..... email:.....

signature:..... date:.....

OTHER NAMED MEMBERS

name:..... email:.....

name:..... email:.....

name:..... email:.....

Please e-mail this form as an attachment to Jim Hornsby, the NAHEMI Treasurer at:  
[jim.hornsby@beds.ac.uk](mailto:jim.hornsby@beds.ac.uk)

Please forward a copy to Sara Jolly, the NAHEMI Secretary at:  
[sjolly@qlam.ac.uk](mailto:sjolly@qlam.ac.uk)