

AAWL - MEMBERSHIP APPLICATION FORM

Name:

Organisation:

Address:
.....

DX No:

Telephone No:.....

Email Address:.....

Please tick yes or no for the following:

- Are you happy for your contact details to be added to our members database?

Yes No

- Are you interested in becoming a mentor?

Yes No

- Are you interested in joining the AAWL committee?

Yes No

MEMBERSHIP IS CURRENTLY FREE
OF CHARGE

Please return this form to:

Hanisha Patel
Chair of AAWL
7 Bedford Row
London
WC1R 4BS