

BVNA Student Membership Application Form



I wish to pay £75.00 to cover a 3 year student membership term by Credit/Debit Card

Please complete the details below and either email it to membership@bvna.co.uk or print and post to this form to BVNA, 79 Greenway Business Centre, Harlow, Essex CM19 5QE

Are you a New Member? YES NO (please indicate)

If No, please give your number as shown on your membership card:

Are you a Small Animal Nurse? YES NO Are you an Equine Nurse? YES NO

Please complete in BLOCK CAPITALS

Card-holder Name: Signature:

Card No:

Expiry Date:

Status: Mr/Mrs/Miss/Ms/Dr/Other (please indicate)

Full Name:

Address:

Postcode:

Email:

Tel: Mobile:

Awarding Body Enrolment No: Date of Birth:

Educational Institution:

I agree that while I am a member of the Company, or within one year after ceasing to be a Member, undertake to contribute to the assets of the Company, in the event of the same being wound up, for payment of the debts and liabilities of the Company before ceasing to be a member and of the costs, charges and expenses of winding up and for the adjustment of the rights of the contributions among themselves, such amount as may be required not exceeding £1.00.

Please note that membership is an annual subscription and if cancelled mid-term a refund will not be issued. If paying by quarterly direct debit the four instalments will require full settlement upon cancellation.

Signed: Date:

I would like to receive direct mail from companies other than the BVNA (please indicate)