

MEMBERSHIP APPLICATION FORM

Please complete your details on the form below:

FIRST NAME

SECOND NAME

ADDRESS

.....

.....

.....

POSTCODE

CONTACT NO/S

PROFESSION/JOB ROLE

.....

ORGANISATION

.....

EMAIL

Please return completed application - with fee, to The Treasurer, AIMH(NI),

**Confirmation of recieved payment and membership will be by email
(If written receipt is required please enclose S.A.E)**