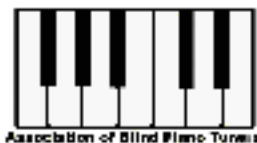


THE ASSOCIATION OF BLIND PIANO TUNERS MEMBERSHIP APPLICATION FORM



Name _____

Date of birth _____

Address _____

Town _____

Post Code _____

Telephone No. _____

E-Mail Address: _____

State name of establishment where you were trained _____

Qualifications _____

Year in which Qualifications were attained _____

State format of literature:

BRAILLE, PRINT or EMAIL(Delete as appropriate)

Type of membership _____

DETAILS OF MEMBERSHIP

	MEMBERSHIP FEES
FULL MEMBERSHIP	(£55.00)
ASSOCIATE MEMBERSHIP (with Diploma)	(£55.00)
ASSOCIATE MEMBERSHIP (with Certificate)	(£25.00)
OVERSEAS MEMBERSHIP	(£25.00)
FRIEND OR SUPPORTER	(£15) minimum donation
STUDENT MEMBERSHIP	(free until completion of training)

Please include a pass port size photo of yourself

Signature of Applicant _____

I enclose my cheque/postal order For £_____ Date_____

All cheques should be made payable to the Association of Blind Piano Tuners or ABPT. When completed this form should be sent to:

Steve Workman Membership Liaison Officer.
2 Longbridge, Ponthir, Newport NP18 1GT

Telephone 0844 736 1976 Ext 3

SW/BH/WEB