

# ***FACULTY BOARDS REGISTRATION FORM***

## **Registration Details**

Title: Prof/Dr./Mr/Mrs/Ms/Miss:

Surname:

Forename:

Gender:

Male

Female

Date of Birth:

Membership No.:

Non-Member

Job title (Optional)

Contact Details:

E-mail Address:

Mobile Number:

Other Telephone No

Faculty intends to join:

**Note:** *You can only belong to one faculty.*