

WORKING MEN'S CLUB & INSTITUTE UNION LIMITED
253 – 254 Upper Street, Islington, London N1 1RY

CMD COURSE ENROLMENT FORM

2014/2015

PLEASE COMPLETE IN BLOCK CAPITALS

Mr/Mrs/Miss/Forename: -----

Surname: -----

Private Address: -----

Post Code----- Day Time Tel: No. -----

Email Address -----

Name & Address of Club: -----

Associate Card Number ----- Date of issue-----

Union Branch to which Club is attached: -----

Occupation-----

Position at present held in Club (if any): -----

Have you previously sat a CMD Examination YES / NO If yes:

a) In what year? -----b) What was the result? -----

Are you/or have you previously enrolled for the CMD Course? YES/NO (delete as applicable)

Date: ----- Signature of Applicant: -----

DECLARATION OF CLUB SECRETARY

The above applicant is a financial member of the club and holds the Union Associate and Pass Card.

Club Secretary: -----

PLEASE ENCLOSE A CHEQUE/POSTAL ORDER FOR THE AMOUNT OF £32.00 MADE PAYABLE TO THE C.I.U. ALONG WITH YOUR COMPLETED ENROLMENT FORM AND RETURN TO:

CATH FITZPATRICK, EDUCATION ASSISTANT, CIU 253/254 UPPER STREET, LONDON N1 1RY.

CLOSING DATE FOR APPLICATIONS IS 6TH OCTOBER 2014