

WORKING MEN'S CLUB & INSTITUTE UNION LIMITED

253 – 254 Upper Street, Islington, London N1 1RY

CMD COURSE ENROLMENT FORM

2016/2017

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 19TH SEPTEMBER 2016