

APPLICATION FOR MEMBERSHIP

Name of Organisation/
Applicant :

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Address :

.....
.....
.....

Telephone Number :

.....

Name of Fund
represented

.....

Appointed Representative:

.....

Appointed Rep E-Mail:

.....

Alternative Representative:

.....

Alternative Rep E-Mail:

.....

Membership Type
(Please tick only one box)

- Full Associate Overseas
 Individual (not associated or affiliated with Full/Associate/
Overseas member)

Current Subscription £300.00 pa (Full, Associate or Overseas) OR £75 (Individual)

Payment may be made by cheque or credit transfer.

Please confirm how subscription is to be paid below.

- Cheque Credit transfer

Cheques should be payable to : GAPP

Bank transfers should be made to:

Bank: NatWest
Sort code: 60 - 09 - 20 Account Number: 70622558
Account Name: GAPP

Please return this form to :

Anna Gray , Hon Treasurer, GAPP
c/o BWCI Group, P O Box 68, Albert House
South Esplanade, St Peter Port, Guernsey, GY1 3BY