



Please fill in using **BLOCK CAPITALS**

TITLE	
FORENAME	
SURNAME	
JOB TITLE/LEVEL OF STUDY	<i>(please include graduation date if you are an undergraduate)</i>
WORK/STUDY PLACE	
EMAIL	
NUMBER	
I AM INTERESTED IN HEARING MORE ABOUT <i>(please tick)</i>	<p>Royal Society of Biology Membership</p> <p><input type="checkbox"/> BioNet <input type="checkbox"/> AMRSB</p> <p><input type="checkbox"/> Student affiliate <input type="checkbox"/> MRSB</p> <p><input type="checkbox"/> Affiliate <input type="checkbox"/> FRSB</p>
	<p>Joining a Professional Register</p> <p><input type="checkbox"/> RSciTech <input type="checkbox"/> CSci</p> <p><input type="checkbox"/> RSci <input type="checkbox"/> CSciTeach</p> <p><input type="checkbox"/> CBiol</p>
	<input type="checkbox"/> My Regional Branch
	<input type="checkbox"/> Other <i>(please elaborate)</i>



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