



PROOF OF STUDENT MEMBERSHIP FORM

It is important you provide this proof to us in order to secure your student membership. Please complete and return this form to the address below. Thank you.

Name: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Title of Course: _____

Qualification Expected: _____

Date Course Commenced: _____

Date Course Finishes: _____

University Attended: _____

Supervisor Name: _____

Contact Details: _____

Telephone: _____

SFAM Membership Status (Please tick appropriate box): _____

Full Student Member:

Associate Member:

**It is important that you enclose valid proof of student status,
e.g. photocopy of your student card or a letter of confirmation
from your supervisor**