Thank you for your interest in joining CHULS. Please complete this application form and return to admin@chuls.ac.uk. The form should be completed by the Head of School (or equivalent).

|  |  |
| --- | --- |
| Name of Organisation: |  |
| Number of students: |  | Number of staff (FTE): |  |

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Position/ Job title: |  |
| Postal Address |  |
| Email address: |  | Telephone Number: |  |

If there is named administrative support personnel within the School who will be a contact for any queries, including invoicing, please complete the section below

|  |  |
| --- | --- |
| Name of Applicant: |  |
| Position/ Job title: |  |
| Email address: |  | Telephone Number: |  |

Please use the space below to briefly outline why you would like to join CHULS

|  |  |
| --- | --- |
| Has your organisation previously been a member of CHULS? (Y/N) |  |

Please select your preferred method of payment

|  |  |
| --- | --- |
| Debit/credit card |  |
| Bank Transfer |  |
| Purchase order invoice |  |

Please return this completed form to admin@chuls.ac.uk

**CHULS**

**APPLICATION FORM**