

Association of the Palestinian community UK



MEMBERSHIP APPLICATION

Please complete all questions in CAPITAL

Mr, Mrs, Miss												
First Name(s)												
Family name in English												
Full name in Arabic الاسم الكامل بالعربي												
Current Address	House No.											
	Street:											
	City:											
	Post code:											
Date of Birth	D	D	-	M	M	-	Y	Y	Y	Y		
Tel.												
E-mail:												
Nationality												
If not British, what is your Immigration Status in UK	e.g. Resident / Temporary leave to Remain / student											
Occupation												
Name and Tel. / Email of 1 st referee												
Name and Tel. / Email of 2 nd referee												
Type of Membership <i>(Please tick)</i>	By signing this application, I confirm that I have read understood and accept to fully abide by the APCUK's Code of Conduct and to uphold and respect the APCUK's Constitution. You will be contacted within 14 days to confirm the outcome of your Application. You may be asked to produce evidence to verify your identity and residency. Please post the Application to APCUK, PO Box 47, 56 Gloucester Road, Kensington, London SW7 4UB or email to info@apc-uk.org											
<input type="checkbox"/> Full Member												
<input type="checkbox"/> Associate												
Signature..... Date.....												

For Official Use only

Date Application Received		LOCAL EXECUTIVE COMMITTEE NOTES
Verified By		Notification of approval to applicant <input type="checkbox"/> Date
Data Entry date		
Membership approval date		
Membership Number		Date Fee Paid