



MEMBERSHIP APPLICATION FORM  
FOR DIGITAL HUB

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**Personal Information**

Mr/Mrs/Ms/Dr/Prof

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Surname:

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Other Names:

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Sex

Male

Female

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Date of Birth

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Nationality

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Postal Address

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Telephone:

Fax:

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E-mail

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**Type of Membership**  Individual  Group

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**Employment / Institutional Information**

Occupation / Position

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Employer  
(Place of work)

Institution

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**Home address:**

(If different from above)

Telephone

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E-mail

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**Declaration**

I agree to abide by the rules of the British Council Information Centre including those relating to copyright

Signature:

Date:

