

FREE STUDENT MEMBERSHIP APPLICATION FORM

Please complete all relevant sections of this form and return it to: Post: BCO, 78-79 Leadenhall Street, London EC3A 3DH Email: membership@bco.org.uk

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For further information about membership visit www.bco.org.uk\membership or call 020 7283 0125. Once
your application is approved, you will receive an email with your login details and membership number.

CONTACT DETAILS	
Title: Full N	Jame:
University:	
Course:	
Course dates:	
University Email:	
Home address:	
	Postcode:
DECLARATION	
I understand that the BCO may, at its	s discretion, refuse any application for membership.
Full Name:	
Signature:	Date:
	l be added to the members' directory and you will receive email and h regards to BCO Research and Events. You can change your mar-
APPROVED BY HEAD OF DEP	PARTMENT
Your application must be supported? Please provide the following details:	by the University's HEAD OF DEPARTMENT.
Full Name:	
Position at University:	
Email:	
Signature:	Date: