

Please note: Your details will be recorded in a database and you will receive regular mailings from ABS. Your details may be supplied to other companies who may wish to send you information on educational or other matters which may interest you. If you do not wish your details to be supplied to any other companies, please tick here:



## MEMBERSHIP APPLICATION FORM

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In accordance with the [ABS Membership criteria](#), this is an application for:

:  Full Membership

Affiliate Membership

Please give below the details of the representatives for your institution:

**Main contact:**

Name:  
Position:  
School/Institution:  
Address:

Tel: Direct line:  
Institution:  
Fax:

**Voting Rep (only for full membership applications):**

Email:  
Name:  
Position:  
Direct line:  
Fax:

**PR contact:**

Email:  
Name:  
Position:  
Direct line:  
Fax:

Email:

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Please return this form by post or fax to:

[Victoria Robinson](#)

Head of Marketing and Communications  
Association of Business Schools  
137 Euston Road  
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