 **Annual Subscription/Reactivation Form**

(for Malawi based members)

To keep your membership in force during your time with us, you must renew your membership every year by paying an annual subscription fee. Please contact the ABE office if you are unsure of your current membership level.

**Subscription/Reactivation fees** (please circle your level)

**Student Member (Level 3-5) £35.00**

**Associate Member (AMABE - Level 6) £35.00**

**Full Member (MABE) £50.00**

(ABE reserves the right to make alterations to fees at its discretion)

**Learner details (complete clearly in BLOCK CAPITALS)  
((**

|  |  |
| --- | --- |
| ABE Membership number |  |
| Date of birth: DD / MM / YYYY  (e.g. 16/03/1995) | / / |
| Mr/Ms/Mrs/Miss/Other |  |
| First/Given name |  |
| Surname/Family name |  |
| Full postal address  *(Learner’s postal address)* | Address line 1 |
| Address line 2 |
| Address line 3 |
| Region |
| Country |  |
| Postcode |  |
| Learner’s email address (This must be completed and print clearly) |  |
| College name. For private learners please write self-study |  |
| If you have completed your ABE studies, please write Alumni |  |
| Qualification – This needs to be completed if you are re-activating your ABE membership | |  |  |  |  | | --- | --- | --- | --- | | Qualification |  | Level |  | |

**I certify I have read this annual subscription/reactivation form and the information I have provided is true and accurate**.

Student Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment**

Any other fee that is owed to ABE must be included with this application, or your annual subscription/reactivation form will **not** be processed. You can contact us for your account balance.

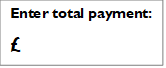
* Annual subscription/reactivation forms will not be accepted unless accompanied by the correct payment
* If paying by bank draft/cheque it must in £ sterling , draft drawn on a UK bank and made out to ABE Global Ltd

(Tick method of payment)

⬜ I have enclosed postal order / cheque / draft no(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

⬜ Deduct from the credit balance I have in my ABE account

**Credit/Debit card payment form (complete clearly in BLOCK CAPITALS)**

**I authorise ABE to debit my account with the amount of  (This must be completed)**

I wish to pay by Visa Debt / Visa Credit / MasterCard Debit / MasterCard Credit / Diners / JCB / (delete as applicable)

Card number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Expiry date |  | **SECURITY CODE** (last three digits on the signature strip on back of card) | | | | |
| M M / Y Y |  | You must give the security code for payment to be accepted | | | | |
| / |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder’s full name |  | | |
| Cardholder’s address | Address line 1 | | |
| Address line 2 | | |
| Region & Country | | |
| Postcode (UK only) |  | Telephone no. |  |
| Email address |  |
| Cardholder’s signature This **must** be provided and needs to be as appears on the back of the card |  | Date |  |

**Post to:** Finance Department, ABE, New Malden Business Centre, 46/50 Coombe Road, New Malden, Surrey, KT3 4QF

**Or email to:** [finance@abeuk.com](mailto:finance@abeuk.com)

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