

Annual Subscription/Reactivation Form

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)	£38.50
Associate Member (AMABE - Level 6)	£38.50
Full Member (MABE)	£60.00
Fellow	£75.00

(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 address (Learner's home address)	Address line 1		
	Address line 2		
	Address line 3		
	Region		
Country			
Postcode			
Telephone (include full area code)			
Learner's email address (This must be completed and <u>print</u> clearly)			
College name (you must be registered or affiliated with an ABE Accredited Centre)			
College campus address			
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.

- Payment must be made by £ sterling cheque/draft drawn on a UK bank, by postal order or by credit/debit card
- Annual subscription/reactivation forms will not be accepted unless accompanied by the correct payment

(Tick method of payment)

- I have enclosed cheque/draft no(s): _____ - payable to ABE
- I have enclosed postal order no(s): _____ (UK Only)
- Use Credit £_____ on my account

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

Enter total payment:

£

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
M M / Y Y

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SECURITY CODE (last three digits on the signature strip on back of card)

You must give the security code for payment to be accepted

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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 (Must be completed)		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

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