



APPLICATION FOR MEMBERSHIP

Please note that Membership of The OR Society is an Individual Membership and is not transferable

I wish to be admitted to membership of The OR Society as a *Full Member/Student Member and agree to be bound by its Memorandum and Articles of Association. (see note on reverse of form)

Signed _____ Date (DD/MM/YY) ___/___/___

It will help us if you complete the form as fully as possible. However, we will be happy to accept incomplete forms provided that all of the mandatory fields (marked ‡) are completed.

Please use block capitals

‡ **Family Name** _____ ‡ **Status/title:** Prof/Dr/Mr/Mrs/Miss/Ms, etc*

‡ **Forename(s)** _____ ‡ **Date of birth:** (DD/MM/YY) ___/___/___

‡ **Private address** (to which mail will be sent) _____

‡ **Postcode** _____ ‡ **Telephone** _____

‡ **Fax** _____ ‡ **e-mail** _____

Work/college address _____

Postcode _____ Telephone _____

Fax _____ e-mail _____

‡ **Have you previously been a Member/Student Member of the OR Society?** Yes No

OCCUPATIONAL DATA (please tick as many as apply)

Academic institution	<input type="checkbox"/>	e-commerce	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>
Public service	<input type="checkbox"/>	Consultancy	<input type="checkbox"/>	Health	<input type="checkbox"/>
Financial services	<input type="checkbox"/>	Telecomms	<input type="checkbox"/>	Other (write in)	<input type="checkbox"/>
Other services	<input type="checkbox"/>	Retailing	<input type="checkbox"/>	_____	

Job Title _____

Organisation _____

Department _____

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Please select the publication(s) you wish to receive in print overleaf

* Delete as necessary

