

## Institutional Membership Application Form 2015/16

Please complete in capital letters, sign and return to:

David Bowers  
ALDinHE Secretary  
Library & Learning Development Centre  
University Campus Suffolk  
Neptune Quay  
Ipswich IP4 1QJ

Institution .....

Address Line 1 .....

Address Line 2 .....

Address line 3 .....

Postcode .....

**Main Contact:** First Name ..... Last Name .....

Job Title ..... Department.....

Email ..... Telephone.....

**Contact 2:** First Name..... Last Name .....

Job Title ..... Department.....

Email ..... Telephone.....

### **£150.00 institutional membership fee for academic year 2015/16**

#### TICK ONE

[ ] Cheque enclosed (payable to ALDinHE)

[ ] \* Request invoice \* (State your Purchase Order number: .....

[ ] Paid by PayPal via ALDinHE website (State date submitted: .....

Signature ..... Date .....

Please direct any queries to:

Email: [secretary@aldinhe.ac.uk](mailto:secretary@aldinhe.ac.uk)

Website: [www.aldinhe.ac.uk](http://www.aldinhe.ac.uk)