

Application for Membership of The Scottish Gemmological Association

I should like to apply for membership of the Scottish Gemmological Association (SGA)

Title: First name: Surname:

Address:

E-mail address:

Phone number:

Qualifications (if relevant):

Please tick this box if you have attended a Scottish Branch Event before

If you **haven't** been to any of our events then please provide names of two existing members of the Association in support of your application

Names of two members of the Scottish Gemmological Association supporting this application:

1 :

2 :

or

provide a brief statement of your interest, stating why you wish to join the SGA:

All applicants should sign the declaration below:

DECLARATION

I hereby give my consent for the above personal information to be held in an information system, which I understand will be treated confidentially, used only for administrative purposes and not passed to any third parties without my permission.

Signed

Date

Send the signed form to the Secretary, address as below:

The Secretary
The Scottish Gemmological Association
PO Box 28309
Edinburgh EH9 8AG
Scotland