



**BR MEMBERSHIP RENEWAL (Please complete details clearly)**

NAME:.....

EMAIL:.....

TELEPHONE:.....

ADDRESS:.....

.....

.....

PREVIOUS MEMBERSHIP NUMBER.....

TYPE OF MEMBERSHIP:.....

I confirm I have previously completed a Membership application form signing my agreement to the Association's Drug Policy, Rules, Regulations and Bylaws. I have agreed to be contacted by email.

I HAVE SENT PAYMENT OF £60.00 BY Paypal / Bank Payment / Cheque

Signed.....Date.....