**Membership Form**

**HE and Research institutions: £100 per calendar year, £275 for 3 years. FE: £50 per calendar year**

If you would like your institution to become a member of sherif, please complete the details below and send the form by email to Adam Edwards, a.edwards@mdx.ac.uk . On receipt you will be sent an invoice.

|  |  |
| --- | --- |
| **Organisation Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact Name:** |  |
| **Contact Telephone:** |  |
| **Contact Email:** |  |
| **Name to whom sheriff membership invoice should be sent:** |  |
| **Invoice address (if different to address above):** |  |
| **Invoice email (if different):** |  |
| **Date:** |  |

**sherif use only**

|  |  |
| --- | --- |
| Date received: |  |
| Invoice details check: |  |
| Payment receipt: |  |
| Membership Reference number: |  |