

MEMBERSHIP EXPRESSION OF INTEREST



Please complete in full

CONTACT DETAILS

Name

Surname

Mb No

Email

Membership Category:

Why would you like to join BYS?

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Other information:

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Office Use Only

☐ Date .../.../... Name

☐ EOI to MSEO .../.../... Name

☐ MSEO to EOI .../.../... Removed .../.../...

☐ Application Provided .../.../...

☐ Application Submitted .../.../...