



Application form for Learning Centre membership

Declaration

Name	First	Middle	Last	2 auto size photographs
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age group	<input type="checkbox"/> 12-16	<input type="checkbox"/> 17-25	<input type="checkbox"/> 26-35 <input type="checkbox"/> Over 35	
Telephone/Mobile	Email			
Membership Categories	<input type="checkbox"/> IELTS	<input type="checkbox"/> English Language Learner	<input type="checkbox"/> Work shop <input type="checkbox"/> ELT <input type="checkbox"/> English Language Teacher <input type="checkbox"/> Others	

Declaration

I agree to abide by the rules of the British Council Learning Centre, including those relating to copyright.

Signature

Date :

Data Protection

The information you give on this registration card will be processed by the British Council in accordance with the Data Protection Act 1998. It will be used to administer your membership of the learning centre, and will be disclosed within the British Council only in connection with that membership. Please sign here to confirm that you understand and agree to this.

Name: Signature:

The British Council may also use your personal details to send you information on its activities. Please tell us if you agree to this or not, by ticking one of these boxes.

- I would like to get information
- I do not want to get information

For office use only :

Membership/card number :

Staff initial :

Expire Date:

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