



BCVA Membership

Post Graduate Student (Full Time) Application Form

In order for your membership to be processed this form must be completed and returned to the BCVA office using the details at the bottom of the page.

The following section needs to be signed by your tutor/head of department or administration staff.

I confirm that the applicant is a full-time postgraduate student attending University/College.

Name of University/College	
Address	
Position	
Print name	
Signature	
Name of applicant	
Signature of applicant	
Date	