



CHARTERED
SOCIETY OF
DESIGNERS

CSD STUDENT e-MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL SECTIONS
PLEASE WRITE CLEARLY IN UPPER CASE

PERSONAL DETAILS

Ms Mrs Mr

First name.....

Surname.....

Term address.....

.....

.....Post Code.....

Country

Mobile/Home Tel:

Email:

Home address.....

.....

.....Post Code

Country

DECLARATION

I wish to apply for e-Student Membership of the Chartered Society of Designers (CSD) and certify that all of the information given in this application is true and correct.

I agree to accept the terms of the Charter, Bye-laws and any Regulations, to abide by the Society's Code of Professional Conduct and to pay all membership subscriptions when due.

I agree to notify the Society of any changes to my contact details when they occur.

I agree that the Society may send information to me as and when they consider it appropriate to my membership.

Signed

Date

Please send your completed application to:

Membership Department

Chartered Society of Designers
1 Cedar Court, Royal Oak Yard, Bermondsey Street
London SE1 3GA

Please retain a copy for your own records.

EDUCATION DETAILS

University/College.....

.....

City Country

Course title

.....

Title of award (ie BA, BSc, etc)

Start date/...../.....End date/...../.....

Name of course leader.....

Please ask your tutor to sign this declaration.
I confirm that the student named in this application is undertaking studies on the above named course.

Signed bydate...../...../.....

Please print name

PAYMENT OF MEMBERSHIP SUBSCRIPTION

I would like to subscribe as a Student e-Member and enclose payment for the following subscription:

- £20 one year subscription
- £40 three years discount subscription
- £30 CSD AC subscription*

* NOTE: only available to those studying on a CSD Accredited Course (check with your tutor)

I enclose a cheque for £..... made payable to:
'The Chartered Society of Designers'.

Cheques must be drawn on a pounds sterling bank account.

Please debit my credit card with the sum of £.....

Credit/Debit card No.

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Issue No. Switch only Expiry date/...../.....

Name on the card

Signed date/...../.....

If paying by credit card you may fax back this form to CSD using **+44 (0) 20 7407 9878**