

# Annual Subscription/ Reactivation Form

To keep your membership in force during your time with us, you must renew your membership every year by paying an annual subscription fee. Please contact the ABE office if you are unsure of your current membership level.

## Subscription/Reactivation fees (please circle your level)

Student Member (Level 3-5)	£25
Associate Member (AMABE - Level 6)	£30
Full Member (MABE)	£40
Fellow (FABE)	£50

## Learner details (complete clearly in BLOCK CAPITALS)

ABE Membership number	
Date of birth: DD / MM / YYYY (e.g. 16/03/1995)	/ /
Mr/Ms/Mrs/Miss/Other	
First/Given name	
Surname/Family name	
Full address (Learner's home address)	Address line 1
	Address line 2
	Address line 3
	Region
Country	
Postcode	
Telephone (include full area code)	
Learner's email address (This must be completed and print clearly)	
College name (If Self Study, you must be affiliated with an ABE Accredited Centre)	
College campus address	

## Payment

Any other fee that is owed to ABE must be included with this application, or your annual subscription/reactivation form will **not** be processed. You can contact us for your account balance.

- Payment must be made by £ sterling cheque/draft drawn on a UK bank, by postal order or by credit/debit card
- Annual subscription/reactivation forms will not be accepted unless accompanied by the correct payment

(Tick method of payment)

- ☐ I have enclosed cheque/draft no(s): \_\_\_\_\_ - payable to ABE
- ☐ I have enclosed postal order no(s): \_\_\_\_\_ (UK Only)
- ☐ Deduct from my credit/debit card details below.

Enter total payment:

£

I certify I have read this annual subscription/reactivation form and the information I have provided is true and accurate.

Signature \_\_\_\_\_

## Credit/Debit card payment form

I authorise you to debit my account with the amount of £\_\_\_\_\_ (This must be completed)

I wish to pay by Visa Debt / Visa Credit / MasterCard Debit / MasterCard Credit / Diners / JCB / (delete as applicable)

Card number

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Expiry date:  
MM / YY

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**SECURITY CODE** (last three digits on the signature strip on back of card)  
You must give the security code for payment to be accepted

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Cardholder's full name			
Cardholder's address	Address line 1		
	Address line 2		
	Region & Country		
Postcode (UK only)		Telephone no.	
Fax no.		Email address	
Cardholder's signature (Must be completed)		Date	

**Post this form to:** Finance Department, ABE, 5<sup>th</sup> Floor, CI Tower, St Georges Square, New Malden, Surrey, KT3 4TE

**Or email to:** [finance@abeuk.com](mailto:finance@abeuk.com)