

**THE MALACOLOGICAL SOCIETY OF LONDON**

**Registered Charity No. 275980**

Membership Secretary:-

Harriet Wood

Amgueddfa Cymru - Museum Wales

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Cathays Park, Cardiff CF10 3NP

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**Application form**

**TRAVEL AWARD**

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| --- | --- | --- | --- |
| **Application for the Broadening Access Membership Scheme (BAMS)** | | | |
| **1.** | **Date of application:** | | |
| **2.** | **Details of applicant:** | | |
|  | Full name: | | Title: |
| Date of birth: |
|  | Current contact address: | | Tel: |
| E-mail: |
|  | Current academic level of study: MSc / PhD / Other (please give details) | | |
|  | Mode of study: Full time / Part time | | |
|  | Start date: | Expected completion date: | |
|  | Title of research course: | | |
|  | Address of research institution: | | |
| **3.** | **How will you benefit from becoming a member of the** **The Malacological Society of London?** (up to 200 words) | | |
|  |  | | |
| **4.** | **Details of academic supervisor:** | | |
|  | Name of course supervisor: | | |
|  | Supervisor’s e-mail: | | |
|  | **Supervisor’s signature: Date:** | | |
|  | ***Proof of course registration must be included for this application to be considered.*** | | |
| **5.** | **Signature (applicant): Date:** | | |