



Ecclesiastical Architects and Surveyors Association

Application for Associate Membership

Title	_____	Telephone Number	_____
First Name	_____	Fax Number	_____
Last Name	_____	Email Address	_____
Date of Birth	_____	Address	_____
Proposer	_____	Address	_____
Seconder	_____	Postcode	_____


Professional Qualifications with dates

\_\_\_\_\_  
Appointments Held

Please attach a separate sheet giving full details of relevant experience; the sheet is to be signed by the Proposer, with comments as applicable.

I apply to become an Associate member of EASA and agree to abide by the [Rules](#).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please print  and return the completed form and other information to the Membership Secretary,