

# LEAF MEMBERSHIP APPLICATION



L E C T U R E R S  
E M P L O Y M E N T  
A D V I C E & A C T I O N  
F E L L O W S H I P

Please complete clearly in BLOCK CAPITALS and return to:

**JANICE WARREN, Membership Secretary**

**38 Merlin Close, Chafford Hundred, Grays, Essex, RM16 6RY**

---

FIRST NAME:

---

SURNAME:

---

TITLE: Mr./Mrs./Ms./

---

DATE OF BIRTH:

---

HOME ADDRESS:

---

TOWN:

---

COUNTY:

---

POSTCODE:

---

TELEPHONE:

---

PLACE OF WORK:

---

ADDRESS:

---

TOWN:

---

COUNTY:

---

POSTCODE:

---

TELEPHONE:

---

E-MAIL:

---

DEPARTMENT:

---

SUBJECT AREA:

---

**ARE YOU EMPLOYED:** FULL-TIME  0.5  PART-TIME

SILVER BOOK  'NEW' CONTRACT  FIXED-TERM CONTRACT  PERIOD

---

**WHICH SALARY SCALE ARE YOU PAID ON?:**

LECTURER  SENIOR LECTURER  PRINCIPAL LECTURER  MANAGEMENT SPINE  OTHER

---

**SIGNATURE:**

**DATE:**

Thank you for supporting **LEAF**– the ONLY Union run by Lecturers FOR Lecturers