### Membership / Registration Appeal Form

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Contact point/s | e-mail:  phone: |

|  |  |
| --- | --- |
| Reason/s for appeal  *Give full details of information that you feel has not been taken into account.*  *Mention any evidence which you will be able to produce to support your appeal.*  *Continue on another sheet of paper, if necessary* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

*For IST use:*

|  |  |
| --- | --- |
| *Date received:* |  |
| *Date passed to Chairman of Appeals Panel* |  |