# Prior Evidence for Membership Application

Please complete by using BLOCK CAPITALS

**I wish to submit prior evidence to support my application to join British Mensa Ltd**

Mr/Mrs/Miss/Ms *(delete as applicable)* SURNAME .....

FORENAMES .....

ADDRESS: .....

.....

.....

.....

.....POSTCODE: .....

OCCUPATION .....

DATE OF BIRTH .....

TELEPHONE (HOME) ..... (WORK) .....

E-MAIL .....

**I enclose:**

☐ **Evidence of previous IQ testing** – please send photocopies of reports or certificates

☐ **Ratification fee of £9.50** (€12.00)

Please make cheques/postal orders payable to **British Mensa Ltd**
**DO NOT SEND BANK NOTES.** This fee is non-refundable

| | | | | | |
|---|---|---|---|---|---|
| I enclose a cheque for **£9.50** (€12.00) payable to British Mensa Ltd. | Tick | OR . . . Please debit the sum of **£9.50** from my credit/debit card | | | Tick |
| I wish to pay by VISA / MASTERCARD / MAESTRO / VISA DEBIT / VISA ELECTRON (please circle) | | | | | |
| Card number : | | | | | |
| Name on Card | | Start Date | | Expiry Date | |
| Card Verification Code (the 3 or 4 digit code printed on the signature strip on the back of your card) | | | Issue number (debit cards) | | |
| Signature | | Date | | | |
| Address (if different from above) | | | | | |

**I confirm that all information given above is correct and that I am a permanent resident in the British Isles or Republic of Ireland and I have not previously been a member of any other National Mensa.**

**Signed …… Date ……**

*Applicants aged 16 or under will need their application counter-signed by a parent or legal guardian.*

**Parent/Guardian ……..…… Date ……**

**Please return completed form to: British Mensa Ltd, St Johns House, St Johns Square, Wolverhampton, WV2 4AH**