

## HECSU membership application form

Please tick the type of membership you are applying for:

University membership  College membership  International membership

**Institution details:**

Name of institution:   
 Institution website URL:   
 Main switchboard telephone:

**Head of Institution details:**

Title (Mr, Mrs, Dr etc.):   
 First name:   
 Surname:   
 Job title (Vice Chancellor, Principal etc.):   
 Email address:   
 Direct telephone:

**Careers service contact:**

Title (Mr, Mrs, Dr etc.):   
 First name:   
 Surname:   
 Position/Job title:   
 Email address:   
 Direct telephone:

**Career service details:**

Careers service website URL:   
 Title of careers service   
 Address:   
 Town:   
 County:   
 Postcode:   
 Country:

**Institution size:**

**To be filled in by College members**

How many FE students in the institution:   
 Indicate how many students go on to HE each year:

**To be filled in by University, College and International members**

Total number of HE students at your institutions:   
 Number of HE students in their final year at your institution:

**Terms and conditions of membership:**

See the website for more information about the benefits and fees for each [type of membership](#)  
 All applications for membership are subject to approval by the [HECSU Board](#) which meets twice a year.

Purchase Order for membership invoice: