

Career break subscription application form for Chartered, Fellow and Associate members

MEMBERSHIP DETAILS	
LIBF number (if known)	Title (eg Mr)
First name(s)	Last name
Address	
Postcode	Daytime tel
Organisation	Career Break start date
Reason for career break	
Signed	Date
TO BE COMPLETED BY YOUR EMPLOYER	
I can confirm that the above member of staff will be o	n a career break as indicated:
Signed	Date
Name	
Position	
Telephone number	
We will use and protect your personal data in accordance current data protection legislation to process your affurther details, including your rights, the disclosure of caparties, storage, retention and how to amend your personable found within our Privacy Notice (www.libf.ac.u.	application. and accurate and agree to abide by The London Institute of Banking & Finance Code of Ethics ersonal data,
Members on a career break are entitled to all benefits	

Please return your completed form by email to membership@libf.ac.uk

of membership.