

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 on a career break as indicated:	
Signed _____	Date _____
Name _____	
Position _____	
Telephone number _____	

USING YOUR PERSONAL INFORMATION
We will use and protect your personal data in accordance with current data protection legislation to process your application. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our Privacy Notice (www.libf.ac.uk/privacy).

DECLARATION
<input type="checkbox"/> I declare that the information contained in this form is true and accurate and agree to abide by The London Institute of Banking & Finance Code of Ethics
Signed* _____
Date _____

Members on a career break are entitled to **all** benefits of membership.

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