

CIPS Membership Renewal Application Form



1. Please complete this form fully as this will enable us to process your application form more smoothly.
2. Ensure you include your contact details and membership number, in case we have any questions regarding your application.
3. Fees are payable in the local currency. Guidance on fees and making payments can be found on our website.

Family Name:	
Other Name:	
Membership Number	
Mobile / Cell number :	
Email address:	
Membership Type (Renewal):	<input type="checkbox"/> Diploma/Certificate/Student Member <input type="checkbox"/> Full Member/Affiliate <input type="checkbox"/> Fellow

Data Protection

The British Council will only use the information that you are providing to confirm or communicate changes relating to this application. By signing below you agree that we may do this.

Signed: _____ Date: _____

We may also pass your information on to our Marketing department so that they can use it for Market Research Purposes.

If you want us to contact you in this way, please tick this box ☐

We may also want to use your information to send you details of Council activities, services and events (including social events) which you may find of interest.

If you want us to contact you in this way, please tick this box. ☐

If you do not tick these boxes, we cannot send or use any of your information

You have the right to ask for a copy of the information we hold on you, for which we may charge a fee, and the right to ask us to correct any inaccuracies in that information. If you do want to see a copy of your information, please contact the Data Protection Team by e-mail at dataprotection@britishcouncil.org or send in your request to, the Data Protection Officer, The British Council, 10 Spring Gardens, London SW1A 2BN or your local British Council office.