AACL APPLICATION FORM

OFFICE USE ONLY

CARD NUMBER ☐☐☐☐☐☐☐☐☐☐

ALPHA NUMERIC

UNTIL END ☐☐☐☐☐

Complete all fields

NAME OF ORGANISATION

FAMILY NAME OF APPLICANT

FULL GIVEN NAMES OR FORENAMES, OR INITIALS

PREFERRED FORENAME ON CARD

ADDRESS OF APPLICANT

POSTCODE

PERSONAL IDENTIFICATION CODE Please give your own unique P I N code, alpha or numeric, ie mothers name, birthday etc. This may be used for verification purposes. **Any application without a PIN will not be processed.**

DATE OF BIRTH

D D M M Y Y

EMPLOYED AS

CATEGORY OF EMPLOYMENT ☐ STAFF ☐ FREELANCE (TICK APPLICABLE CATEGORY)

HAVE YOU EVER HELD THIS PRESS CARD? ☐ YES ☐ NO

HAVE YOU EVER BEEN REFUSED THIS PRESS CARD BEFORE? ☐ YES ☐ NO

I certify that the above particulars are correct .....applicant's signature

daytime phone number of applicant .....

E-MAIL .....

Please return the completed form to the Foreign Press Association together with: i) a good quality passport-sized photograph (with a light background, ii) correct payment of £40 (please make cheques payable to 'The Foreign Press Association' or call 020 7930 0445 to pay by credit/debit card)

DATE.....