

**COPE LONDON MEMBERSHIP FORM**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** ( \_\_\_\_\_ ) \_\_\_\_\_

**FAX:** ( \_\_\_\_\_ ) \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

YEARS IN SPECIAL EVENTS/MEETING PLANNING: \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES:

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COPE REFERENCES:

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The annual membership dues are £100.00

**COUNCIL OF PROTOCOL EXECUTIVES**  
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