

Individual Membership **Renewal**

Please complete this form (using CAPITAL letters if writing by hand) and send it to the address above

Name	Mr/Mrs/Ms/Other	First name	Last name
Address with postcode			
Telephone			
Email			

I am an ASIIP student or a participant on an ASIIP-accredited course YES / NO
I am studying at (please give name of training course and Centre):

I enclose my subscription for the year ending 30 September 2017 as follows (please indicate):	
Full or Associate membership	£45
Supporting membership	£45 plus £
Concessionary rate*	£35*
<p>*NB: Concessionary rate applies if you are retired, or a student on an Adlerian or other psychology course (please provide evidence with this form), or in receipt of state benefits or Universal Credit (please provide evidence). Please indicate: Retired <input type="checkbox"/> Student <input type="checkbox"/> Receiving state benefits/Universal Credit <input type="checkbox"/></p> <p>All subscriptions expire on 30 Sept. If you join between 1 July and 30 Sept, your subscription lasts until 30 Sept the following year.</p>	
<p>Payment by cheque (preferred method) Please make your cheque payable to 'ASIIP'. If you require a receipt please enclose SAE with your payment – thank you.</p>	
<p>Payment by standing order (see attached mandate form) Please indicate period: Annually / Half-yearly / Quarterly / Monthly</p>	
<p>Payment by BACS When paying online please put your name in the reference box Account name: ASIIP Bank: Co-operative Bank Account: 65617645 Sort code: 08-92-99</p>	
Signature	Date

See next page for Standing Order Mandate

Standing Order Mandate

NB: After completing this form, send it to YOUR BANK

Name of the organisation: ASIIP (Adlerian Society UK and Institute for Individual Psychology) Bank: Co-operative Bank Account: 65617645 Sort code: 08-92-99	
Reference:	"ASIIPmemb" <i>Please complete the reference above with your initials and surname – e.g. "ASIIPmembA.N.Other" – thank you.</i>

Payment details

Amount of first payment:	£
Date of first payment:	
Amount of usual payment:	£
Amount of usual payment in words:	
When paid:	
Date of usual payment (monthly/quarterly/annually):	
Amount of last payment:	£
Date of last payment:	
OR Continue until further notice:	YES / NO

Customer details

Account in the name(s) of:	
Branch address:	
Account number:	
Sort code:	

Instruction details

Does this mandate replace an existing Standing Order?	YES / NO
If YES, please give details:	

Customer signature

<i>Please debit my/our account accordingly</i>	
Signed:	
Date:	
Telephone number:	