

**Administration:** The Old Cheese Dairy, Login, Whitland, Carmarthenshire, Wales SA34 0TJ **Phone:** Yvonne Pritchard 01994 448457 **Email:** admin@asiip.org **Website:** www.asiip.org

Application for **Organisational Membership** of ASIIP(UK) Registered Charity No. 288758 *Please read and retain the following information before completing the separate forms below*

**Extracts from ASIIP(UK)'s Constitution**

“The Society is a non-political and non-sectarian organisation that is committed to ensuring there is no discrimination on grounds of age, colour, nationality, religion, ethnic or national origin, gender, marital status, sexual orientation, or disability.” [6]

“Membership rights shall be suspended on non-payment of Membership fees and, unless arrears are paid within 6 months, Membership shall cease altogether. Re-application for Membership shall be at the discretion of the Council.” [7e]

“Only paid-up Members shall have the rights of Membership.” [9e]

**The annual Organisational Membership rate is £100.** Subscriptions may also be paid in installments by arrangement with the Treasurer. **Payment by installment** may be made using the mandate form below. Organisational Members may also become **Supporting Members** and undertake to give financial support to the Society by paying over and above the annual subscription level.

Application for **Organisational Membership** of ASIIP(UK)

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

<b>Full name of organisation</b>			
<b>Contact name</b>	Mr/Mrs/Ms/Other	First name	Last name
<b>Role in organisation</b>			
<b>Organisation's address with postcode</b>			
<b>Telephone number</b>			
<b>Email</b>			
<b>Brief description of organisation's aims &amp;</b>			

<b>objectives</b>	
<b>Please state briefly why the organisation is applying for membership of ASIIP</b>	
<b>How did you hear about ASIIP?</b>	

I have taken note of the extracts from ASIIP(UK's Constitution <b>YES/NO</b> )	
<b>Joining date (any year) Organisational rate</b>	
Between 1 Oct and 30 Sept the following year: £100 Between 1 April and 30 June: £50 Between 1 July and 30 Sept: £100*	
*All subscriptions expire on 30 Sept. If you join between 1 July and 30 Sept, your subscription lasts until 30 Sept the following year	
The organisation wishes to be a <b>Supporting Member</b> and we enclose a <b>donation</b> of: <i>Please make cheque payable to 'ASIIP(UK)'</i>	<b>£</b>
We are paying by standing order (see attached form) <b>Annually / Quarterly / Monthly</b> (please indicate)	
<b>Signature of contact person:</b>	<b>Date:</b>

<b>Data Protection Notice</b> for the attention of the Organisational Member's contact person <i>Data Protection Law 1998: We are storing on a protected database your personal details (address, telephone number, email address) which are used solely for administrative purposes and for sending you details of Adlerian activities that we think may be of interest.</i>	
May we include your name and contact details on our mailing list for this purpose? <b>YES/NO</b> May we pass on your name and contact details to our trainers and facilitators? <b>YES/NO</b> How would you like to receive information about ASIIP activities? By email: YES/NO By post only: YES/NO	
<b>Signature of contact person:</b>	<b>Date:</b>

## Standing Order Mandate

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

<b>Name of the organisation: ASIIP(UK)</b> <b>Bank: Co-operative Bank Account: 65617645 Sort code: 08-92-99</b>	
<b>Reference:</b>	<b>"ASIIPOrg"</b> <i>please complete the reference above with <b>your initials and surname</b> – e.g. <b>"ASIIPOrgA.N.Other"</b> – 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:	YES / NO
<b>OR</b> Continue until further notice:	

### 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**

*Please debit my/our account accordingly*

**Signed:**

**Date:**

**Telephone number:**