

Registered Charity No. 288758

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

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 <i>(please give name of training course and Centre):</i>

<p>I enclose my subscription for the year ending 30 September as follows <i>(please indicate):</i></p> <p>Full or Associate membership £45 Supporting membership £45 plus £ Concessionary rate* £35*</p> <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). <i>Please indicate:</i> 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 Please make your cheque payable to 'ASIIP(UK)'. <i>If you require a receipt please enclose SAE with your payment – thank you.</i></p>
<p>Payment by standing order (see attached mandate form) <i>Please indicate period: Annually / Half-yearly / Quarterly / Monthly</i></p>
<p>Payment by BACS <i>When paying online please put your name in the reference box</i> Account name: ASIIP(UK) Bank: Co-operative Bank Account: 65617645 Sort code: 08-92-99</p>

Signature		Date	
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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(UK) Bank: Co-operative Bank Account: 65617645 Sort code: 08-92-99	
Reference:	“ASIIPRenew” <i>Please complete the reference above with your initials and surname – e.g. “ASIIPRenewA.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:	YES / NO
OR 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	YES / NO
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existing Standing Order?	
If YES, please give details:	

Customer signature

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