

Application Form

Full Name

Job Title (& department)

Organisation (If Relevant)

Address

Post Code

Telephone

Email address (for the purpose of Corporate Members this will be used as the unique Corporate Member Representative identifier).

For Completion by applicants wishing to become a Corporate Member Only

Name of **Corporate Member Representative**, *the key contact within your organisation. (The nominated Corporate Members Representative will be responsible for disseminating the details of NIACE Membership and its benefits throughout the organisation).*

Please provide a **website address** in order for NIACE to set up your free web link:

Please briefly describe your Organisation's work:

Where did you hear about NIACE Membership?

NIACE Membership
Shaping the debate on adult learning



Membership Rates

The membership runs for a year from the month you become a member. You will receive a renewal slip the month before your membership subscription is due and an invoice upon your reply of intent to continue your membership. The current annual subscriptions are:

Full Corporate Membership Rate (Annual turnover of £600,000+)	£540	<input type="checkbox"/>
50% Corporate Membership Rate (Annual turnover between £300,000 and £600,000)	£275	<input type="checkbox"/>
25% Corporate Membership Rate (Annual turnover under £300,000)	£140	<input type="checkbox"/>
International Corporate Membership Rate	£275	<input type="checkbox"/>
Individual Membership Rate	£63	<input type="checkbox"/>
International Individual Membership Rate	£75	<input type="checkbox"/>
Life membership	£650 (59 or under)	<input type="checkbox"/>
	£450 (60 or over)	<input type="checkbox"/>

Corporate Members applying for a reduced rate of membership must submit a copy of your latest annual report with your application.

How do you want to pay your membership subscription?

<input type="checkbox"/> Please send an invoice - Purchase Order Number	
<input type="checkbox"/> Cheque attached, payable to NIACE	
<input type="checkbox"/> Credit Card (NIACE does not accept American Express) Card Holders Name:	Issued: /
Card Number:	Expires: /
<input type="checkbox"/> Direct Debit (please fill out the enclosed direct debit mandate form, otherwise we will not be able to process your application)	

Authorisation

We / I wish to apply to become a Member of NIACE and confirm that we / I support NIACE's aims and objectives.	<input type="checkbox"/>
We / I agree to pay subsequent annual subscriptions upon receipt of renewal notices and/or invoices.	<input type="checkbox"/>
We / I also accept that in the event of the Institute being wound up the sum of £1.00 would be payable by us / me to the Official Receiver, this being the limit of our / my liability to the Company.	<input type="checkbox"/>
We / I have the authority to commit the organisation to NIACE Membership.	<input type="checkbox"/>

Signed:	Company Stamp:
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Date:

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