

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).	
<b>For Completion by applicants wishing to become a Corporate Member Only</b>	
Name of <b>Corporate Member Representative</b> , <i>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).</i>	
Please provide a <b>website address</b> 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?	

## Membership Rates

The membership runs for a year from the month you become a member. You will receive a renewal email 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		£260	<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)

**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) <i>Please call NIACE's Finance team on 0116 2859696 to pay over the phone; please have your card ready when you call.</i>

## 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:
Date:	