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From Christine Howard

AREIAC Membership Secretary

areiacmembers@gmail.com

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This form is for potential members of AREIAC. The annual subscription is currently £70 and membership runs from September to August of the following year.

Please fill in the following form and return it by email to

Christine Howard, Membership Secretary at

areiacmembers@gmail.com and I will raise an invoice for you. Once this has been paid you will receive the members login and user password for the AREIAC website: [www.areaic.org](http://www.areaic.org)

1. Title: ……………………………………………………………………………

2. Name:

……………………………………………………………………………

3. Job Description:

……………………………………………………………………………

4. Post / Role I:

……………………………………………………………………………

5. Post/Role II:

……………………………………………………………………………

6. Address 1:

  ……………………………………………………………………………

7. Address 2:

  ……………………………………………………………………………

8. Town/City:

……………………………………………………………………………

9. Postcode:

……………………………………………………………………………

10 If the invoice is to be sent to a different paying authority please enter the address at section 18 the end of the form

11. E-Mail:

……………………………………………………………………………

12. AREIAC region:

……………………………………………………………………………

13. Telephone [Landline]:

……………………………………………………………………………

14. Telephone [Mobile]:

……………………………………………………………………………

15. Fax:

  ……………………………………………………………………………

16. Check List:

  'I agree to the terms and conditions, '   'I agree AREIAC will hold my details and that I wish to receive emails from the Association from time to time, '   'I agree to uphold the CPD standards'.

'I have QTS '   Yes / No

(By submitting this form you agree to the above statements. However, QTS is not a condition of membership of AREIAC but is for statistical use only.)

17. Areas of expertise:

  Please add details of the areas in which you feel you have significant experience or expertise'

18. Invoice Address (if different from above)

  ……………………………………………………………………………

18.2. Address 2:

  ……………………………………………………………………………

18.3. Town/City:

……………………………………………………………………………

18.4. Postcode:

……………………………………………………………………………

18.5 Purchase order number (if required by paying authority)

……………………………………………………………………………

Please email the completed form to Christine Howard at areiacmembers@gmail.com