



The
Access
Association

Individual Membership Application

www.access-association.org.uk

Please read the membership information before completing this form.
I wish to apply for membership of the Access Association

Renewal

New member

Section 1 Personal Details

Surname

Forename

Title

Access Needs

If you have any specific access needs for attending meetings and / or communications please note them here:

Optional monitoring information (Tick one box per question)

Ethnic Origin

White White Black Asian Other
British Other

Gender

Male Female

Do you consider yourself to have a disability?

Yes No

Age

18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+

Section 2 Contact details for all communication

Address			
Town		Post Code	

Phone		Textphone	
Mobile		Fax	
Email			
Web			

Section 3 Employment / status

Employed			
Job Title			
Full or part time		Hours per week	
Employer			

Retired	
Former job details	
Former employer	

Unwaged	
Access issues experience	

Full-time student			
Course title			
Place of study		Hours per week	

Brief experience of access issues (if not already given)

Access specialism:

Please note any areas of specialism under the following headings or detail if not included in this list:

- | | | | |
|---------------------|--------------------------|------------------------|--------------------------|
| Access auditor | <input type="checkbox"/> | Highways and transport | <input type="checkbox"/> |
| Access consultant | <input type="checkbox"/> | Occupational therapist | <input type="checkbox"/> |
| Access Officer | <input type="checkbox"/> | Personnel / Equal ops | <input type="checkbox"/> |
| Architect | <input type="checkbox"/> | Planning | <input type="checkbox"/> |
| Building Control | <input type="checkbox"/> | Policy | <input type="checkbox"/> |
| Disability Equality | <input type="checkbox"/> | | |

Other - please specify

Section 4 Data Protection Act 1998

Personal data the Access Association holds on the membership register may be used in 3 ways to which you may agree or disagree: (please tick the boxes)

- 1 To receive the Access Journal**
Your contact details will be on the mailing list to the distributors. **Yes** **No**
- 2 To make contact with other members**
Your contact details will be on the members area of the website **Yes** **No**
- 3 To allow your contact details to be given to other organisations for publicity** **Yes** **No**

Data will not be used for any other purpose

Section 5 Payment

Membership fees 1 August 2006 to 31 July 2007 (tick required)

Individual £50

Associate £50

I wish to pay the membership fee by:

Cheque Enclose a cheque, bankers draft or money order payable to 'The Access Association' for the amount indicated above. Cheques must be drawn in Sterling on a United Kingdom Bank or Building Society account. Do not send cash.

BACS

Invoice An invoice (email if possible) will be sent on receipt of this form.

Signed: _____ **Date:** _____

Please return forms and payment to:

Access Association Membership Secretary
2 Cole Close
Nether Stowey
Nr Bridgwater
Somerset
TA5 1JU

Email: membership@accessassociation.co.uk

Please allow 30 working days for your application to be processed

For AA use only

Received	Processed	Banked	Pack sent	Database
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