



APPLICATION FOR MEMBERSHIP OF ACAMH

I wish to apply for membership of the Association for Child and Adolescent Mental Health
(Please complete in BLOCK CAPITALS)

Surname: _____ Forename(s): _____ Title: _____
Prof/Dr/Mr/Mrs/Miss/Ms

Work Address: _____ Home Address: _____

Work Phone: _____ Home Phone: _____

Preferred E-mail: _____ Mobile: _____

Qualifications: _____ Discipline: _____

Current Appointment: _____

My preferred address for publications and correspondence: Work Home

Applicant's Signature: _____ Date: _____

Declaration: By signing this application, I confirm that I am not aware of any reason why I should not be accepted into membership of ACAMH. In particular, I agree to inform the Board of ACAMH in writing immediately if at any time any of the following events occur or have occurred: I am suspended or expelled from a professional or regulatory body of which I was or have been a member; I am convicted of an offence against children; I bring the Association into disrepute.

Data Protection Act: By signing this application, I agree to ACAMH keeping data about me for the purpose of maintaining my membership of the Association, advising me of activities, publications and other ACAMH products. Any data held by the ACAMH is not revealed to any individual or organisation other than that required by statute.

Undertaking: By signing this application, I undertake to contribute (currently £1) to the assets of ACAMH in the event of its winding up, in accordance with its Memorandum of Association and its status as a company limited by guarantee

METHOD OF PAYMENT – see over for rates (*in £.Sterling; personal payments only*)

Please take payments by Direct Debit as completed & enclosed (*UK accounts only*)
(Whole year payments by Direct Debit will attract a £5.00 discount)

I enclose personal cheque (or bank draft) for £ _____ (*payable to ACAMH*)

Please charge: _____ (*sterling*) to my Visa/Mastercard/Maestro/Amex (*we cannot accept Electron*)

Card Number: _____

Name on card: _____

Expiry date: ____ / ____ Valid from: ____ / ____ (3 digit Security Code: ____) (Maestro issue No: ____)

Home billing address: _____
(if different from above)

Cardholder's Signature: _____ Date: _____

Membership will commence on the next quarter date following receipt of application at head office (unless further information is required by the Board)

SUBSCRIPTION RATES for 2010	
Joining 1 st July	
UK	£30.00
Eire+Europe	£33.00
Rest of World	£49.00
Joining 1 st October	
UK	£15.00
Eire+Europe	£16.50
Rest of World	£24.50
PLUS:	Joining Fee (one-off payment) of £10.00

After completion and signature, please return this form with your personal payment to:

ACAMH, Membership Officer
St Saviour's House
39/41 Union Street
LONDON SE1 1SD