## **Membership Form**



PERSONAL DETAILS	
Name(s):	
Family Name:	
Email:	. Work □ Personal □
Phone number (work):	
Phone number (personal):	
WhatsApp number:	
Emergency Contact in the event of illness or accident while at a LonSSMA meeting:	
Name:	
Phone:	
Relationship to you:	
MEMBERSHIP ELIGIBILITY	
Do you work in a senior role in Student Services for a British Council accredited English Language Centre in London? Yes□ No□	
Name of school:	
Job title:	
You must inform the Committee if your eligibility criteria changes.	
MEMBERSHIP DETAILS	
Membership type:	
☐ Individual: Paid for by you. Membership belongs to you, even if you leave the langua	ge centre you are at.
$\hfill \square$ Institutional: Paid for by your school. Membership belongs to the school, and if you passed to your successor.	leave your membership will be
Payment method:	
Members who join January – June pay 100% of membership fees. Those who join July membership fees. All memberships re-enrol in January of the following year.	- December pay 50% of
Cheque □ Bank Transfer □ Cash □ Credit/Debit Card □ PayPal □	
Do you require an invoice prior to payment? Yes ☐ No ☐	
If so, who should it be made out to?	
Name:	-
Address:	-



## CONSENT Do you consent to the following: · Your personal details will be stored by the Secretary, and will be accessible by Committee members. Yes □ No□ Your name and contact details may be given to third parties for events hosted by the third party. Yes □ No□ Please note, LonSSMA will never sell your personal details or pass them on for any marketing purposes. Contacting you: The LonSSMA Committee will contact you to inform you about meetings, association news and your membership. Do you consent to contact by the following media: • Email: Yes□ No□ SMS: Yes□ No□ WhatsApp: Yes□ No□ · Can your email be added to an email group for LonSSMA members? Your email address will be visible to other members in the group message, and you may receive group replies. No□ Yes□ Can your number be added to a WhatsApp group for LonSSMA members? Your number will be visible to other members in the group message, and you may receive group replies. Yes□ No□ **DECLARATION** I confirm that I have read LonSSMA's Constitution, and agree to abide by the rules and regulations outlined in that document, and in any subsequent updates. I understand that failure to abide by the rules and regulations may result in my expulsion from LonSSMA, and the loss of membership fees already paid to the Association.

A copy of this form and the data contained in it will be retained by LonSSMA for up to three years after you leave the association, after which both will be destroyed.

Signed: \_\_\_