



APPLICATION FOR INDIVIDUAL MEMBERSHIP 2009

Please complete in block capitals and return to:

Helen Fraser, NAME Business Manager,
Gordon Lodge, Snitterton Road,
Matlock, Derbyshire DE4 3LZ.
Tel: 01629 760791; email: musiceducation@name.org.uk

SPECIAL OFFER FOR NQTs

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Title		Forenames	
Surname			
Organisation			
Job title			
	Work	Home	
Address 1			
Address 2			
Address 3			
Town			
County			
Postcode			
Telephone			
Fax			
email			
Mobile			

All correspondence is normally sent to your home address. Please tick if you prefer your work address to be used

Please turn over

Permissions

I hereby give permission for my contact details to be included in the NAME membership list for the purposes of the Association and its members only – please tick yes or no	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give my consent for my details to be included in the list of members-only section of the NAME website – please tick yes or no	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work experience and interests

To help us meet your needs as a member, please give a brief description of your work experience and your present job:

NAME runs a number of focus and specialist interest groups. Please tick the one(s) you would be interested in/most relevant to your work:

Curriculum secondary	<input type="checkbox"/>	ITE/HE	<input type="checkbox"/>
Curriculum primary/early years	<input type="checkbox"/>	Music and ICT	<input type="checkbox"/>
Advisers/inspectors/consultants	<input type="checkbox"/>	Special Educational Needs	<input type="checkbox"/>

Where did you first hear about NAME? _____

Declaration

I wish to become a member of the National Association of Music Educators (company limited by guarantee, registered number 6370539) (the "Company"). I understand that I will have the rights and be subject to the obligations set out in the Memorandum and Articles of Association of the Company and that I am required to guarantee the debts and liabilities of the Company up to an amount not exceeding £1.

I will pay an individual subscription of: £20 £50 £70 and
enclose a cheque made payable to NAME / completed direct debit form (delete as appropriate).

Signed _____ Date _____

MONITORING INFORMATION

It would be helpful if you could supply the following information, which will only be used anonymously for monitoring purposes. Please tick the appropriate boxes.

1 To which age group do you belong?

- Under 30
- 30 – 39 years
- 40 - 49 years
- 50 – 59 years
- 60 and over

2 Do you consider yourself to have a disability/impairment? Yes No

3 Are you: male female

4 Please indicate your ethnicity.

These categories of ethnic origin are recommended by the UK Equality and Human Rights Commission as the most appropriate for monitoring in the UK. We recognise however that the specified categories may not be appropriate for everyone. If this is the case, please use one of the categories marked *:

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi

* Other Asian background (please specify) _____

Black or Black British

- Black Caribbean
- Black African

* Other Black background (please specify) _____

Chinese and other

- Chinese

* Other (please specify) _____

White

- White British
- White Irish

* Other White background (please specify) _____

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian

* Other mixed background (please specify) _____

Latino