

ORGANISATION MEMBERSHIP APPLICATION FORM 2011

Section 1 - Organisation Details

Name of organisation:

Main address: *(where organisation copy of literature will be sent)*

Postcode:

Country:

Main phone number:

Section 2 - Membership Category

Your organisation's library and information service budget determines your membership category and rate. Your budget should include staff, premises and materials. You can nominate a number of named representatives who are entitled to receive benefits on behalf of the organisation*.

The number of representatives varies according to membership category. **You can purchase additional representatives (above the number included in the membership) for £225 each.**

Please select the membership category appropriate for your organisation.

1) Large organisation - with a budget in excess of £1,000,000 p.a.	3 named representatives	Annual subscription £675 <input type="checkbox"/>
2) Medium organisation - with a budget of £100,000 - £1,000,000 p.a.	2 named representatives	Annual subscription £410 <input type="checkbox"/>
3) Small organisation - with a budget of less than £100,000 p.a.	1 named representative	Annual subscription £225 <input type="checkbox"/>
4) Overseas subscription - For organisations located outside the UK, Isle of Man and Channel Islands.	1 named representative	Annual subscription £115 <input type="checkbox"/>

*Representatives are entitled to receive the majority of personal membership benefits including publications, membership of Special Interest Groups, and access to the website and CILIP communities. They are not entitled to be included on the register of qualified practitioners, to vote in elections, or hold office. For more information about Organisation Membership go to www.cilip.org.uk/organisationmembership

Representative 1 *Main contact*

Mr Mrs Ms Miss Dr Other:

Name:

Date of birth: (dd/mm/yy) / /

Position:

Address: *(if different from main address)*

Postcode:

Telephone:

Email:

Special Interest Groups *(Please choose from the table overleaf)*

Tick this box if you do not wish to receive information about CILIP activities and electronic newsletters by email.

Representative 2 *(Included in the rate for large and medium organisations)*

Mr Mrs Ms Miss Dr Other:

Name:

Date of birth: (dd/mm/yy) / /

Position:

Address *(if different from main address)*

Postcode:

Telephone:

Email:

Special Interest Groups *(Please choose from the table overleaf)*

Tick this box if you do not wish to receive information about CILIP activities and electronic newsletters by email.

Please continue with Section 3 overleaf...

Section 3 (continued) - Your Representatives

Representative 3 (Included in the rate for large organisations)

Mr Mrs Ms Miss Dr Other:

Name: _____ Date of birth: (dd/mm/yy) / /

Position:

Address (if different from main address)

Postcode:

Telephone: _____ Email: _____

Special Interest Groups (Please choose from the table below)

Tick this box if you do not wish to receive information about CILIP activities and electronic newsletters by email.
If you would like additional representatives, please include contact details and special interest groups on a separate sheet.

Section 4 - Your payment

Membership Subscription: £

Payment for additional representatives (if applicable): £

Payment for additional Special Interest Groups (if applicable): £

Total: £

Please select ONE of the following payment options:

a) Cheque: I enclose a cheque made payable to 'CILIP'

b) BACS payment: I have arranged a BACS payment to CILIP, Bank of Scotland, Edinburgh
Sort code: 12-20-29 Account No. 00278368

c) Invoice my employer for the full amount. (Payment must be made within 30 days of the date of the invoice or your membership will be suspended). The invoice should be addressed to:

Name:	Postcode:
Address:	
Purchase order number:	

d) Credit/debit card: Debit my VISA MasterCard or Maestro card.

Card number:

Expiry date: / Start date: / Issue number (Maestro cards only):

Card Security Code (last 3 digits on signature panel)

I sign this membership application on behalf of my organisation and authorise payment of the amount stated above.

I understand that this is not a personal membership.

Signed: _____ Date: / /

Name:

Position: _____ Contact phone number: _____

You are entitled to two free groups per representative, please choose from the table below. Write the corresponding letter codes in Section 3 - Your Representatives, overleaf and above. (additional groups cost £10 each).

AD - Aerospace & Defence
C - Branch & Mobile Libraries
H - Government Information Group
M - Local Studies
P - Rare Books & Special Collections
A - Career Development
N - Health Libraries
B - Multimedia Information & Technology
R - School Libraries
D - Cataloguing & Indexing
I - Commercial, Legal & Scientific Information
X - Patent & Trade Mark
Y - UK e-Information

E - Colleges of Further & Higher Education
Q - Information Services
K - Personnel, Training & Education
S - University, College & Research
F - Community Services
J - International Library & Information
W - Prison Libraries
T - Youth Libraries
Z - Diversity
L - Library & Information History
O - Public Libraries
G - Education Librarians
U - Library & Information Research
V - Publicity & Public Relations

Please return your form and payment (if applicable) to:

Membership, CILIP, 7 Ridgmount Street, London, WC1E 7AE

Telephone: +44 (0)20 7255 0600 Textphone: +44 (0)20 7255 0505 Fax: +44 (0)20 7255 0651 Email: membership@cilip.org.uk