

Full Name	
Job Title (& department)	
Organisation (If Relevant)	
Address	
Post Code	Telephone
Email address (for the purpose of Corporate Members this will be used as the unique Corporate Member Representative identifier).	
For Completion by applicants wishing to become a Corporate Member Only	
Name of Corporate Member Representative , <i>the key contact within your organisation. (The nominated Corporate Members Representative will be responsible for disseminating the details of Learning and Work Institute Membership and its benefits throughout the organisation).</i>	
Please provide a website address in order for Learning and Work Institute to set up your free web link:	
Please briefly describe your Organisation's work:	
Where did you hear about Learning and Work Institute Membership?	

Membership Rates

The membership runs for a year from the month you become a member. You will receive a renewal email the month before your membership subscription is due, and an invoice upon your reply of intent to continue your membership. The current annual subscriptions are:

Full Corporate Membership Rate (Annual turnover of £600,000+)	£540	<input type="checkbox"/>
50% Corporate Membership Rate (Annual turnover between £300,000 and £600,000)	£275	<input type="checkbox"/>
25% Corporate Membership Rate (Annual turnover under £300,000)	£140	<input type="checkbox"/>
Individual Membership Rate	£63	<input type="checkbox"/>
Life membership	£650 (59 or under) <input type="checkbox"/>	£450 (60 or over) <input type="checkbox"/>

Corporate Members applying for a reduced rate of membership must submit a copy of your latest annual report with your application.

How do you want to pay your membership subscription?

<input type="checkbox"/> Please send an invoice - Purchase Order Number
<input type="checkbox"/> Cheque attached, payable to Learning and Work Institute
<input type="checkbox"/> Credit Card (Learning and Work Institute does not accept American Express) <i>Please call Learning and Work Institute's Finance team on 0116 2859696 to pay over the phone; please have your card ready when you call.</i>

Authorisation

We / I wish to apply to become a Member of Learning and Work Institute and confirm that we / I support Learning and Work Institute's aims and objectives.	<input type="checkbox"/>
We / I agree to pay subsequent annual subscriptions upon receipt of renewal notices and/or invoices.	<input type="checkbox"/>
We / I also accept that in the event of the Institute being wound up the sum of £1.00 would be payable by us / me to the Official Receiver, this being the limit of our / my liability to the Company.	<input type="checkbox"/>
We / I have the authority to commit the organisation to Learning and Work Institute Membership.	<input type="checkbox"/>

Signed:	Company Stamp:
Date:	