

Membership application

Company name
Address

Town
Postcode
Telephone
Email

Number of staff

2 – 50 51 - 250
251+

Sector

Sport & Recreation Health & Fitness
Caravans The Outdoors
Playwork

Principal contact

First name
Surname
Job title
Email

Company type

Not for Profit Public
Private sector Voluntary
Other

Secondary contact

First name
Surname
Job title
Email

Membership fee

Method of payment

BACS* Cheque SkillsActive to invoice Credit/Debit

Please debit my debit/credit card for my membership fee

Amount due £ Card type

Card number

Issue No 3 digit security card

Start date End date

Cardholders name

Billing address, if different to above

I confirm that the information supplied in support of my application is correct and I agree to the membership terms and conditions

Signature

Date

Terms & Conditions

1. All memberships are offered for a minimum period of 12 months.
2. All applicants must ensure that all information provided is, to the best of their knowledge, complete and accurate at the date of application. Where false or misleading information is provided, SkillsActive Services reserves the right to terminate membership without refund.
3. Membership will commence upon receipt of a full and complete application form and payment
4. Membership has to be paid for annually in advance.
5. Affiliates will receive notice of membership charges for the forthcoming year one month prior to the membership renewal date.
6. After a period of 12 months, if membership is not renewed benefits will cease to reach your organisation
7. Affiliates will receive 30 days notice of any material reduction in benefits. The signed agrees to become an affiliate of SkillsActive and abide by all terms and conditions.