**APPLICATION FOR INSTITUTIONAL MEMBERSHIP**

Thank you for considering membership of ARLIS UK & Ireland.

Annual membership runs for the calendar year **January to December 2019**.

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| Name of Institution |  |
| Contact Address | Postcode (UK): |
| **Designated Representative at your institution** All correspondence will be sent to the contact provided. Please notify ARLIS of any subsequent changes.  |
| Surname |  |
| First name(s) |  |
| Job Title  |  |
| Email |  |

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| I wish to apply for membership of ARLIS/UK & Ireland in the category ticked below: |
| **Institutional Membership**  | £50.00 | 🞏 |

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| **GDPR 2018.** The information you have supplied on this form will be held securely by ARLIS UK & Ireland to administer your membership, and will only be accessed by the Membership Secretary and Officers/Trustees of the Society if needed, and any legal disclosure requirements that might apply. We do not sell or otherwise circulate your details. When appropriate, the Membership Secretary will confirm that you are a member of ARLIS UK & Ireland to the Society's event organisers, should you sign up for any event which will entitle you to members discounts. When signing up for events, if a list of attendees will be circulated, we will ask for your permission to be listed for each individual event. We will store your data only as long as is necessary for the purposes for which is was collected. You can contact the Membership Office to request a record of all the information we hold about you, or to ask for your information to be removed. |
| **Signature** |  | **Date** |  |

**SUBMIT THIS FORM** by email to: membership@arlis.net. Please let us know if you require an invoice.

**PAYMENT:**

**1)** Via PayPal on the ARLIS website http://arlis.net

**2)** Via BACS:

Account Name: **ARLISUK&EIRE** Sort Code: **60-04-05** Account Number: **03351440**