

Please complete in BLOCK capitals and in ink. Return your signed membership form and Direct Debit instruction to: Membership Department, ASCL, 130 Regent Road, Leicester LE1 7PG.

You can also join online at www.ascl.org.uk/join

About you

Your details

Surname.....
 First name.....
 Middle name..... Title *Mr/Mrs/Miss/Ms/Dr*.....
 Home address.....

 Postcode.....
 Date of birth.....
 Telephone.....
 Home email..... Preferred?
 School/College email.....

Your role Please tick level that best describes your role

- Executive Head/CEO Director/Assistant Head/Assistant Principal
 Head/Principal Business Manager/Bursar/Senior Support Staff
 Deputy/Vice Principal Other Senior Post Holder

Job title.....
 Date of taking up position.....

ASCL membership is open to leadership team members and senior leaders with senior whole school/college responsibility.

- 1) Are you a member of the senior leadership team? YES NO
 2) Do you work across multiple organisations in a trust or chain? YES NO

NOT a member of the senior leadership team? You may still be eligible for membership.
Please describe your area(s) of whole school/college responsibility:

.....

Where you work

School/College details

Organisation name.....
 Organisation address.....

 Postcode.....
 Telephone.....
 Local Authority.....
 Pupil/student age range..... to.....
 Total number of pupils..... Mixed Boys Girls
 My organisation is part of a multi-academy trust or other hard federation
 YES NO DON'T KNOW
 If yes, which one.....

School/College type

- Academy UTC Sixth form college
 FE Middle Maintained Community
 Free School Other faith Voluntary aided
 Foundation Special Voluntary controlled
 Grammar Studio school Other.....
 Independent Trust

Independent schools only

Is your school a member of the following:

- HMC GSA ISA Society of Heads

Other.....

Please note: You may be asked for a copy of your contract of service for verification before membership can be confirmed.

For office use only

MEMBERSHIP NUMBER

REGION

BRANCH

SUBSCRIPTION

CONFIRMATION

Further information

How did you hear about ASCL?

- Information received at school/college
- ASCL training course/conference
- 'Ahead' information for middle leaders
- Colleague referral/recommendation
- News article
- Email from ASCL
- ASCL website
- ASCL publication
- Information from local ASCL region/branch
- Magazine advertisement
- Online advertisement
- Event
- Other.....

Keeping you up to date

ASCL would like your permission to share your contact information and membership details with ASCL Professional Development. This will enable you to book onto events easily and help us to keep you up to date with professional development opportunities. Please indicate if we have your permission to do this.

Yes No

ASCL will send you information relating to your membership along with weekly news updates during term-time (you can opt-out of this using the link within the email). You can also sign up for our specialist newsletters by logging into your website account.

Please indicate which contact methods you are happy for ASCL to use:

- Email: Yes No
- Post: Yes No
- Phone: Yes No
- Text: Yes No

Main decision for joining ASCL?

- Appointment to SLT
- Colleague referral/recommendation
- Experience at an ASCL event
- Spoke to a member of the ASCL team
- Dissatisfaction with current union
- Membership package offer
- Other.....

In addition we would like your permission to send you other information and updates. Please indicate below if we have your permission to do this.

Information and details on local matters and events from your ASCL Regional Team.

Yes No

Information from your Local Representative

Yes No

Information about ASCL initiatives, events and other activities.

Yes No

Information on courses, conferences and other CPD activities from ASCL Professional Development.

Yes No

Information from ASCL Premier Partners and other organisations about products and services that you may be interested in. Please note that these messages will be sent by ASCL, we never share your information with third parties.

Yes No

You can view our privacy notice and find out more about how we use the information we collect and hold about you at www.ascl.org.uk/privacypolicy

Membership application

PLEASE REMEMBER TO SIGN THIS FORM BELOW

MEMBERSHIP SCHEDULE

I apply for membership of the Association of School and College Leaders (ASCL).

From: Month..... Year

SUBSCRIPTION

85% of your subscription is allowable against income tax. Indicate your preferred method of payment (*below*) and complete the Direct Debit instruction overleaf.

- Annual Direct Debit
- Monthly Direct Debit

Signature.....

Date

TERMS AND CONDITIONS

a) I agree to abide by the terms and conditions set out in the ASCL Constitution and the Legal Support Policy (available at www.ascl.org.uk or on request)
 YES NO

b) I agree to have my work address used as my postal address for the purposes of the Trade Union and Labour Relations (Consolidation) Act 1992. YES NO

c) I confirm that my postal address at the time of a ballot will be my work address where I can indicated *YES* in section b above and my home address where indicated *NO* in section b above YES

d) ASCL cannot offer representation or legal support for issues that arose before an individual was accepted as an ASCL member. Please indicate below whether you have an outstanding issue that is likely to require representation or legal support. (*If YES, please give details on a separate sheet of paper*). YES NO

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form and send it to:

Association of School and College Leaders
 130 Regent Road
 Leicester
 LE1 7PG

Service user number

9	9	5	5	8	7
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Reference

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Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name and full address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Instruction to your bank or building society

Please pay Association of School and College Leaders Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Association of School and College Leaders and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

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Date

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Banks and building societies may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Association of School and College Leaders will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request

- Association of School and College Leaders to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Association of School and College Leaders or your bank or building society you are entitled to a full and immediate refund of the

- amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Association of School and College Leaders asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

