

Membership Renewal Form

Last Updated: January 2012

Please complete and return this form to renew your membership of the FLSE.

Fields in **RED** are mandatory. You only need to complete the other fields if there has been a change.

Your details:

Please ensure you provide your **DfE number** (DfE - if you are a teacher) to enable us to create a unique identifier for your membership.

Date of Renewal	
Title	
First Name	
Last Name	
DfE Number* Eg: 99/99999	

Declaration: The Data Protection Act 1998:

The information given on this form will be stored in a personal record within the FLSE database.

It will be used for the purpose of administering your relationship with the FLSE.



National College

The FLSE works very closely in partnership with the National College – and information regarding the benefits of joining the National College can be found at www.nationalcollege.org.uk

From time to time we would like to contact you with information about the National College and FLSE activities that may be of interest to you. If you would like to receive such information please circle either Yes or No below as appropriate:

Yes **No**

*** If you would like to ensure that you receive regular 'Members New Updates' by email, then please provide us with your personal email address for this.

Please circle your preferred payment option.

Cheque **BACS** **Credit / Debit Card**

Please return this completed form (together with any cheque made payable to FLSE) to:

FLSE – Membership Administrator
c/o Columbus School and College
Oliver Way, Chelmsford,
Essex, CM1 4ZB

Please see following page for subscription rates

Organisation details:

Organisation Name	
Address	
Post code	
Telephone	
Office Email address	
Email Address for News Updates ***	
School phase	
Local Authority	
School establishment number	
Pupil Numbers	

Membership

Members will pay an annual subscription based on the size of school, size of SEND Service, or whether you are taking out an Associate Membership. See the details below.

Subscriptions will become due on the anniversary of when you joined, and you will receive a reminder of this before it becomes due.

1. Scale of Subscriptions – Schools

Pupil Numbers	Yearly Subscription
0 – 20	£100
21 – 50	£150
51 – 100	£200
> 100	£250

NB: By joining as a school, it is important to remember that the benefits of membership are open to all members of staff, and not just the person who initially completed the FLSE membership form.

Anyone from the school wishing to attend an FLSE organised event will be able to do so at the reduced rate for members.

2. Scale of Subscriptions – SEND Service

Staff Numbers	Yearly Subscription
0 – 20	£100
21 – 50	£150
51 – 100	£200
101 – 150	£250
> 150	£300

NB: By joining as a Special Educational Needs and Disabilities (SEND) Service, it is important to remember that the benefits of membership are open to all members of staff, and not just the person who initially completed the FLSE membership form.

Anyone from the SEND Service wishing to attend an FLSE organised event will be able to do so at the reduced rate for members.

3. Subscriptions – Associate Membership

For an individual Associate Membership – the yearly subscription is £50.

Please note: Associate Membership (Individual Membership) is **ONLY** applicable to individuals on the basis that they are **NOT** acting on behalf of, or representing a school, SEN Service or other organisation or institution in any capacity. This will be vetted accordingly.

For **“How To Make Payments”** – see over.....

PAYMENTS

CHEQUE- If paying by cheque, please make this payable to FLSE and post both cheque & this form to:

FLSE – Membership Administrator
c/o Columbus School and College
Oliver Way
Chelmsford
Essex
CM1 4ZB

BACS - Or by BACS to: **Bank:** **Unity Trust Bank**
 Sort Code: **08-60-01**
 Account No: **20238690**

CREDIT / DEBIT CARD- If paying by credit or debit card, please fill in the details below and send this form back to:

FLSE – Membership Administrator
c/o Columbus School and College
Oliver Way
Chelmsford
Essex
CM1 4ZB

Name of Cardholder:

Address of Cardholder:

Type of Card: **Visa / Mastercard / Other - Please circle**
 We do not accept AMEX

Card Number:

Start Date (MM/YY):

Expiry Date (MM/YY):

CCV Number:

Thank you