**Membership Form2019-20**

Thank you for deciding to become a member of Archives for London. Membership runs from 1 April to 31 March of each year. Please complete the form below and return it by post or email to Louise Harrison, Membership Secretary, Archives *for* London, c/o London Metropolitan Archives, 40 Northampton Road, London, EC1R 0HB ([Louise.Harrison@cityoflondon.gov.uk](mailto:Louise.Harrison@cityoflondon.gov.uk))

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| --- | --- | --- | --- | --- |
| Your details | | | | |
| Name |  | | | |
| Address |  | | | |
| Email |  | | | |
| Are you an archive user or practitioner? | User | ☐ | Practitioner | ☐ |
| How would you like the newsletter sent to you?  *(we would prefer to send it to you by email)* | By email | ☐ | By post | ☐ |

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| Subscription rates 2019-20 | | | |
| 1 | **Individual membership** | £12 | ☐ |
| 2 | **Institutional membership** (incorporated/unincorporated body with 1 or fewer employees engaged in archive, local studies, conservation or records management work) | £20 | ☐ |
| 3 | **Institutional membership** (incorporated/unincorporated body with 2-5 employees engaged in archive, local studies, conservation or records management work) | £50 | ☐ |
| 4 | **Institutional membership** (incorporated/unincorporated body with 6 or more employees engaged in archive, local studies, conservation or records management work) | £100 | ☐ |

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| Payment Details *(our preferred method of payment is bank transfer whenever possible please)* | |
| I have completed an online banking payment.  Archives for London Ltd. Sort code: 40 06 19. Account number: 51574361.  Reference: *AfLsub* followed by the first 6-10 letters of your surname/organisation | ☐ |
| I have enclosed/sent acheque made payable to ‘Archives for London Ltd’ to Louise Harrison, Membership Secretary, Archives *for* London, c/o London Metropolitan Archives, 40 Northampton Road, London, EC1R 0HB | ☐ |
| I would like an invoice for payment sent to the following address: | ☐ |
| I have set up a standing order to Archives for London. | ☐ |
|  | |
| I require a receipt *(receipts will not be sent unless this box is ticked/crossed)* | ☐ |

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| **Signed** |  | **Date** |  |

All personal information is managed and used in accordance with the Data Protection Act 2018. None of this information we hold about you will be disclosed to third parties.