

## Individual Membership Application

1. COMMUNICATIONS ADDRESS		
Title:	Initials:	Job title:
First name(s):	Family name:	
Organisation:		
Address:		
City:	Postcode:	Country:
Telephone:	Fax:	
Email:	Website:	
2. ORGANISATION(S) REPRESENTED		
<b>Scope of Membership</b>		
<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National
<input type="checkbox"/> International	<input type="checkbox"/> Branch/Chapter	<input type="checkbox"/> Mixed/AMC
<b>Type</b>		
<input type="checkbox"/> Charitable	<input type="checkbox"/> Cultural	<input type="checkbox"/> Educational
<input type="checkbox"/> Medical	<input type="checkbox"/> Philanthropic	<input type="checkbox"/> Professional
<input type="checkbox"/> Scientific	<input type="checkbox"/> Social	<input type="checkbox"/> Sporting
<input type="checkbox"/> Technical	<input type="checkbox"/> Trade	<input type="checkbox"/> AMC/Mixed
3. TYPE OF MEMBERSHIP YOU ARE APPLYING FOR:		
<input type="checkbox"/> <b>Individual Membership - 250 €</b> is open to European-based individuals who are engaged in association management either in a single association or within an association management company.		
<input type="checkbox"/> <b>Corporate Membership - 1,200 €</b> Individuals, companies, organisations and agencies engaged in the provision of goods and/or services to the association community may qualify as Corporate members of ESAE.		
4. PROFESSIONAL INTEREST SECTIONS (Please tick all sections you wish to join)		
<input type="checkbox"/> Executive Management	<input type="checkbox"/> International	<input type="checkbox"/> Component Relations
<input type="checkbox"/> Finance & Administration	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Membership
<input type="checkbox"/> Marketing	<input type="checkbox"/> Communications	<input type="checkbox"/> Legal
<input type="checkbox"/> Government Relations	<input type="checkbox"/> Meetings and expositions	<input type="checkbox"/> Technology
<input type="checkbox"/> Association Management Companies (AMCs)		
5. PERSONAL SKILLS PROFILE (Please indicate any particular skill(s) which you would be willing to share with fellow members through participation in conferences, seminars, workshops, roundtable discussions, etc. and/or by writing articles for ESAE/ASAE publications)		

**6. INVOICE ADDRESS DETAILS (If different from above)**

**7. APPLICATION**

- a) I can confirm that the information which I have supplied above is true and correct to the best of my knowledge
- b) If my application is accepted, I agree to be bound by the statutes, by-laws, policies and procedures duly adopted by the ESAE and also by ASAE insofar as they apply to the Global Alliance arrangements.
- c) I authorize the ESAE and ASAE to make use of the information supplied in this application in accordance with Data Protection legislation currently in force.

**Signature:**

**Date:**

**When completed, this form should be returned to:**

ESAE, 1 Queen Anne's Gate, Westminster, London, SW1H 9BT, UK

Tel: +44 20 7227 3590 Fax: +44 20 7222 4440 Email: [info@esae.org](mailto:info@esae.org) Website: [www.esae.org](http://www.esae.org)