

**Scottish Out of School Care Network
Membership Application Form**

Club Name.....

Contact Person.....

Position.....

Address.....

.....

.....

Postcode.....

Tel No.....

Fax No.....

CONTACT ADDRESS IF DIFFERENT FROM ABOVE

.....

.....
I agree to the information on this form being held on the Scottish Out of School Care Network's computer database. I certify that the information given is correct to the best of my knowledge and belief. I understand that it will be processed by computer and used in accordance with the Data Protection Act, 1984.

Signed.....Date.....

I enclose a cheque for £....., payable to Scottish Out of School

Care Network (Cheque Number.....)

Please tick appropriate category:

Annual Fee

Statutory Organisation,
eg Local Authority, LEC, FE College or University £125

Other Organisation: Income (or funding if non-profit)
Below £50,000 £20

Above £50,000 £50

Student/ Individual Membership £10

Office use only:

Member Number

Date of Membership