

APPLICATION TO OBTAIN A LIST OF ACPIN MEMBERS



Please read carefully, complete all relevant parts and return to: **Jane Petty, Honorary Research Officer, ACPIN, c/o MS Society, MS National Centre, 372 Edgware Road, London NW2 6ND.** Details about the membership, regional groups and fees can be viewed on the ACPIN website (www.acpin.net). Further queries about lists can be forwarded to Jane Petty (email: research@acpin.net).

PART 1 PERSONAL DETAILS

NAME _____

CONTACT ADDRESS _____

POSTCODE _____

DAYTIME TELEPHONE NUMBER _____

EMAIL _____

Are you a current ACPIN member?

YES

NO

If YES please state membership number _____

Are you a physiotherapy student?

YES

NO

If YES please state place of study _____

If you have answered NO to the above questions, please state profession/business

PART 2 LIST REQUIREMENTS

Please indicate the purpose of the request for the list of members

- Research
- Course advertisement
- Commercial mailing
- Other (please state) _____

Please state the type of names required

Membership

- Full members
- Full and Associate members

Regions

- All regions
- Selected regions (please specify) _____
- _____
- _____
- _____
- _____
- _____

Further requirements (we do not guarantee that we will be able to fulfil your further requirements)

PART 3 AGREEMENT FOR COURSE ADVERTISEMENT/ COMMERCIAL MAILING

By purchasing the ACPIN membership list, I agree to abide by the *Conditions of Sale* listed right.

I enclose:

- a copy of the materials to be forwarded to members
- full payment of the fees:

£ _____

SIGNED _____

DATE _____

PART 4 AGREEMENT FOR RESEARCH PURPOSES

By purchasing the ACPIN membership list, I agree to abide by the *Conditions of Sale* listed right. In addition, I agree to provide ACPIN with a written report of my research for publication in *Syn'apse* within six months of completion of the project.

I enclose:

- a brief justification of the proposed research
- a copy of the materials to be forwarded to members
- full payment of the fees:

£ _____

SIGNED _____

DATE _____

In the case of student physiotherapists, your research supervisor must countersign and agree to the above conditions.

SIGNED _____

DATE _____

ACPIN is registered under the Data Protection Act (1984) with members being given the option of receiving other mailings. Therefore, the list you obtain may only be a proportion of the full membership list.

CONDITIONS OF SALE

The membership list is released subject to the following conditions:

- Any lists requested and approved will not be released until full payment has been received (cheques made payable to ACPIN)
- The list is released subject to a once only understanding. (The list must not be reproduced/ passed onto others in any form).
- The ACPIN member is informed, by the purchaser, that their name has been obtained from the purchase of the ACPIN membership list.

FOR OFFICIAL USE ONLY

■ Checked with database that applicant is an ACPIN member

■ Request details known to:

■ Membership secretary

■ Honorary Research Officer

■ Application accepted and relevant regions informed

SIGNED _____

DATE _____