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| **APPLICATION TO SEND A MAILING TO ACPIN MEMBERS** |  |  |

Please read carefully, complete all relevant parts and return to: **membership-support@acpin.net****.** Details about membership, regional groups and fees can be viewed on the ACPIN website ([www.acpin.net](http://www.acpin.net)). For further queries about lists please email the Membership Administrator (email: membership-support@acpin.net).

■ **PART 1 PERSONAL DETAILS**

**NAME**: Click or tap here to enter text.

**CONTACT ADDRESS:** Click or tap here to enter text.

**POSTCODE:** Click or tap here to enter text.

**DAYTIME TEL. NUMBER:** Click or tap here to enter text.

**EMAIL:** Click or tap here to enter text.

■ **Are you a current ACPIN member?**

 **YES** [ ]

 **NO** [ ]

■ **Are you a student? (Please note you must be registered with a University)**

 **YES** [ ]

 **NO** [ ]

Please state place of study Click or tap here to enter text.

 **Degree title** Click or tap here to enter text.

 **Degree** [ ]  **Masters** [ ]  **PhD** [ ]

 **Full time** [ ]

 **Part time** [ ]

 **Completion Date** Click or tap to enter a date.

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

 Click or tap here to enter text.

■ **PART 2** **LIST REQUIREMENTS**

■ Please indicate the purpose of the request for mailing members

 [ ]  Research

 [ ]  Course advertisement

 [ ]  Commercial mailing

 [ ]  Other (please state below)

 Click or tap here to enter text.

■ Please state the type of names required

 **Membership**

 [ ]  Full members

 [ ]  Full and Associate Members

 **Regions**

 [ ]  All regions

 [ ]  Selected regions (please specify) Click or tap here to enter text.

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

 Click or tap here to enter text.

■ **PART 3 AGREEMENT FOR COURSE ADVERTISEMENT/COMMERCIAL MAILING**

By purchasing the rights for ACPIN to undertake a mailing of members, I agree that no mailing will take place until receipt of the full payment (for details of how to pay contact membership-support@acpin.net).

I enclose/confirm:

 [ ]  A copy of the materials to be forwarded to members

 Signed

 Date Click or tap to enter a date.

■ **PART 4 AGREEMENT FOR RESEARCH PURPOSES**

By purchasing the rights for ACPIN to undertake a mailing of members, I agree that no mailing will take place until receipt of both full payment and proof of ethical approval. In addition, I agree to submit an abstract of my research for possible dissemination either by:

 [ ]  A written report to be included in *Synapse*

 [ ]  Inclusion in the ACPIN Annual Conference

 [ ]  Inclusion at a regional ACPIN event

Expected date of completion of research: Click or tap to enter a date.

I enclose/confirm:

 [ ]  I will acknowledge ACPIN where and when appropriate

 [ ]  A brief justification of the proposed research (complete attached)

 [ ]  A copy of the email to be forwarded to members (complete attached)

 [ ]  Ethical approval has been obtained (please attach evidence)

 [ ]  Payment of fees has been made

 Signed

 Date Click or tap to enter a date.

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

Name Click or tap here to enter text.

Address Click or tap here to enter text.

ACPIN Member **YES** [ ]

 **NO** [ ]

If YES please state number Click or tap here to enter text.

Signed

Date Click or tap to enter a date.

**ACPIN is registered under the Data Protection Action (1984) with members being given the option of receiving other mailings. Therefore, the mailing we are able to undertake may only be a proportion of the full membership list.**

Provide a brief justification of the proposed research (to be completed in the case of research applications only):

Click or tap here to enter text.

Please provide your text which will form the email to be forwarded to members:

Click or tap here to enter text.