

Membership Form

Title Professor Dr Mr Mrs Miss Ms Other

First name

Surname

Email

Mobile

DoB

Home address

Address

County

Postcode

Country

Landline

Work details

Job title

Organisation

Email

Tel

Address

County

Postcode

Country

Interests

Addiction

Bipolar

Panic Attacks

Social Anxiety

Attention deficit/
hyperactivity disorder
(ADHD)

Depression

Phobias

Stress

Dissociative Disorders

Psychotic episodes

Suicide

Anxiety

Eating Disorder

Schizophrenia

Other

Autism Spectrum
Disorder (ASD)

Gender Dysphoria

Self Harm

Obsessive
Compulsive Disorder

Sleep Disorder

Professional discipline

Education

Lecturer

Primary

Special Needs

Other

Pre-school

Secondary

Student

Health

GP

Nurse

Psychiatrist

Educational

Mental Health
Practitioner

Paediatrician

Psychotherapist

Research

Dietician

Psychologist – Clinical

Therapist

Child

Family

Art

Occupational

Retired (please state previous profession)

Member level

Membership operates 365 day from the day that you are accepted.

Please tick the Membership level you wish to apply for

	Cost	NO Joining fee	Total
Platinum	£115	£0	£115
Gold	£95	£0	£95
Silver	£85	£0	£95
Bronze	£70	£0	£70

Student, trainee, researcher, those working 20 hours or less, and those aged 65+ **

	Cost	NO Joining fee	Total
Publications	£60	£0	£60
Digital	£35	£0	£35

** Proof of study is required in the form of student ID or a letter from a tutor on headed paper

By ticking this box you agree to receive notifications from ACAMH by electronic methods instead of by post in matters relating to your membership and ACAMH events and in particular with regard to AGM notices. Please ensure that you inform ACAMH of any changes to the contact details you have given.

Invoice

Please attach or scan a full Purchase Order document with this form. Invoices can only be issued on receipt of an official purchase order, clearly indicating purchase order number and paying body. Forms without the relevant documentation will not be processed.

Card

VISA MASTERCARD EUROCARD MAESTRO ELECTRON AMEX

Name on card

Card number

Expiry date

Issue number

CVV

(last three digits on back of card)

Billing address

Cardholder

Date

signature

please email completed forms to membership@acamh.org

Direct Debit

Should you wish to pay for your Membership annually by Direct Debit please email **membership@acamh.org** for a DD mandate form.

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Declaration: By signing this application, I confirm that I am not aware of any reason why I should not be accepted into membership of ACAMH. In particular I agree to inform the Board of ACAMH in writing immediately if at any time any of the following events occur or have occurred: I am suspended or expelled from a professional or regulatory body of which I was or have been a member; I am convicted of an offence against children; I bring the Association into disrepute.

Data Protection Act: By signing this application, I agree to ACAMH keeping data about me for the purpose of maintaining my membership of the Association, advising me of activities, publications and other ACAMH products and services. Any data held by ACAMH is not revealed to any individual or organisation other than that required by statute.

Undertaking: By signing this application, I undertake to contribute (currently £1) to the assets of ACAMH in the event of its winding up, in accordance with its Memorandum of Association and its status as a company limited by guarantee.