



THE ASSOCIATION FOR  
CHILD AND ADOLESCENT  
MENTAL HEALTH

### ACAMH – 2017 Subscription Renewal

Member's name .....

Membership number (optional) 00....

Email address .....

#### Payment by Personal Credit Card

I do not wish to renew my subscription to ACAMH

Please charge £75.00 to my Visa / Mastercard / Maestro / AmEx

Card Number .....

Expiry Date of Card ..... / ..... CCV 3 digit code .....

Cardholder's Name.....

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#### Payment by Personal Cheque

I have enclosed a cheque £75.00

Would you like us to send you a receipt? Y / N

If yes by Post/ Email

Renewal forms can be faxed to +44 (0)20 7403 7081 or posted to our Head Office address below.

#### Membership Department

**ACAMH**  
**39/41 Union Street**  
**London SE1 1SD**

Data Protection Act: 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. Data held is not revealed to any individual or organization other than that required by statute