



Associate Membership Application

Associate membership of the ISM is for individuals who are not professional musicians, but would like to support the Society in its work to promote music and the musical profession.

1 PERSONAL DETAILS

First name

Surname

Title (Mr/Mrs/Ms, etc.)

Date of birth (DD-MM-YYYY)

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Address (for correspondence)

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Postcode

Telephone number(s)

E-mail address

If you provide your e-mail address, we will assume that you consent to receiving communications about the activities of the ISM and its products and services by e-mail. We will not disclose your e-mail address to third parties.

2 PROFESSIONAL ACTIVITIES

Main professional occupation

Other relevant training or experience (e.g. business skills, finance, strategic planning, public relations, law)

If you are a member of any other membership organisations, trade unions, pressure groups or charities, please list them here:

3 ABOUT YOUR APPLICATION

Please tell us how you heard about the ISM:

Please tell us your about your interest in music and why you would like to join:

Please turn over >>>

4 DECLARATION & MAILING CONSENTS

I declare that the above statements are true to the best of my knowledge and belief. If elected, I agree to abide by the Articles of Association, Bye-laws and any other rules of the Society in force for the time being. I understand that my details will be held on the ISM's database for administrative purposes.

I give my consent and request that my details, on election, are published in the ISM Yearbook which I understand is in the public domain. Yes No

I give my consent for my contact details, on election, to be included on mailing lists which may be supplied to carefully selected organisations who are normally Corporate members of the ISM. Yes No

Signed Date

5 REGISTRATION FEE

I enclose a cheque for £15 made payable to ISM

I authorise ISM to charge £15 to my Maestro / Mastercard / Visa card:

CARD NUMBER

EXPIRY DATE

CARD SECURITY CODE
(last 3 digits on signature strip)

NAME ON CARD

SIGNATURE

START DATE
(where applicable)

ISSUE NUMBER
(where applicable)

PLEASE SEND YOUR APPLICATION TO: ISM, 10 Stratford Place, London, W1C 1AA