



Full Membership Application

Full membership of the ISM is for professionally active musicians who are 18 and over – it provides comprehensive professional protection and the complete range of ISM services.

1 PERSONAL DETAILS

First name

Surname

Title (Mr/Mrs/Ms, etc.)

Date of birth (DD-MM-YYYY)

Address (for correspondence)

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

Current appointments and professional musical activities

Composer

Conductor

Performer

Please state your instrument or voice

Private Teacher

Teacher / Lecturer

If you are a member of any other professional associations, or of any trade unions, please list them here:

3 QUALIFICATIONS

Musical qualifications at degree or diploma level (if any)

YEAR

LETTERS

SUBJECT STUDIED

CONFERRING BODY

Please enclose evidence of these musical qualifications (e.g. photocopies of certificates)

Other relevant training or experience (e.g. business skills, journalism, lecturing)

4 ABOUT YOUR APPLICATION

Please tell us how you heard about the ISM and why you would like to join:

Three empty text input boxes for providing details on how the applicant heard about the ISM and why they want to join.

5 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 [text input] Date [text input]

Now please hand your form to two existing Full members of the ISM who can sponsor your application by completing Section 6 below.

6 NOMINATION

We, being Full members of the Incorporated Society of Musicians, certify that, from personal knowledge or professional reputation, we consider the above applicant a suitable person for election to Full membership.

SPONSOR 1

Signature [text input]

Print name [text input] Membership number [text input]

SPONSOR 1 can claim a £10 bonus for introducing a new Full member. Please choose:

- Donate my £10 bonus to the ISM Members Fund
 Donate my £10 bonus to my local ISM Centre
 Send me a £10 Marks & Spencer voucher

SPONSOR 2

Signature [text input]

Print name [text input] Membership number [text input]

7 REGISTRATION FEE

- I enclose a cheque for £15 made payable to ISM
 I authorise ISM to charge £15 to my Maestro / Mastercard / Visa card:

Registration fee details form including fields for CARD NUMBER, EXPIRY DATE, CARD SECURITY CODE, NAME ON CARD, SIGNATURE, START DATE, and ISSUE NUMBER.

APPLICATION CHECKLIST with three items: Evidence of qualifications (if any), Signatures of two ISM Full members, and £15 registration fee.

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