# (R) Name……………………………………………………………………………………… (R) Passport photo:

# MEMBERSHIP APPLICATION and Website Register form

# (Areas marked with (R) will be included on the Register)

.pdf please

**Address**…………………………………………………………………………………………

…………………………………………… **Postcode**……………………………………….

**(R) Email**……………………………… **(R) Website…**…………………………………..…..

**Tel**……………………………………….. **(R) Mobile**……………………………………………

**Full Member Applicants**

**I am an (R) Electronic/Manual Note-taker** *(delete as appropriate)* and **enclose** my copy certificates

*(Recognised qualifications: CACDP(level 2/ level 3 modules L304/T302/P301) / OCN / LOCN / others i.e.Laser on application)*

**Preferred geographical areas of work:**……………………… ……………………………………………………………………….

**My other relevant qualifications include:** (Please list and enclose copy certificates, using extra pages if necessary):

**(R)** ………………………………………………………………………………………...............…

**Trainee applicants (Membership in this category is for one year only):**

I am training to be a *(delete as appropriate)* Electronic / Manual Notetaker with *(training organisation)*: …………………… Date started:……………………...… …..... I expect to complete training …….…………..… (month/year).

**Employment and experience:** *(Please enclose CV)*

**(R)** I have my own laptops ( No / Yes ) and use software (No / Yes) Brand? ………….……………………….

I have **(R)**  / do not have a DBS. (Level………………….…… Dated:………..…….…Expires:…………..…

I do not / do **(R)**  have insurance cover (copy enclosed) for Professional Indemnity and/or Public Liability

I would / would not be interested in obtaining information on insurance

**I wish to apply for membership:** (√ as appropriate)

**Annual (Jan-Dec) charge:** **FULL** - £30.00 **TRAINEE** - £15.00 **(Half price from July-Dec)**

Please make cheques payable to: **Association of Notetaking Professionals**

And send to: **Dian Donovan at 24 Hillside Avenue, Romsey, Hants SO51 5AZ**

Or you can pay online: **TSB Bank plc; Sort Code 30-97-14; Account No. 31768168**

**Reference - your name** - this is **essential** for us to verify your payment

* I accept and will abide by the Constitution and Code of Practice of the Association.
* I agree that my contact information as shown on the registration form can be shared with notetaking-relevant third parties i.e: associations, potential clients, members
* I understand that annual membership ends 31st December 2019
* Membership implies acceptance of the Association’s Code of Ethics and Constitution, available on request/online.
* I have read and will comply with ANP’s privacy policy found under ‘Join Us’ on the ANP website
* I note the now optional Continuing Professional Development (CPD) requirements

**Additional information - please add as a continuation page or use reverse of a hard copy.**

**Signed: Date:**