

Membership Application Form

Your Name: _____
 Address: _____

 Postcode: _____
 Telephone: _____ Fax: _____
 Email: _____ Mobile: _____
 Website: _____

Company / Organisation (if applicable)

Address: _____
 (if different from above) _____
 Business activities: _____
 Telephone: _____ Fax: _____
 Email: _____ Website: _____

I AM APPLYING FOR...

- Non- Centre Membership - £99 (inc VAT) per year (£8.25 per month, standing order)
- Level 1 Membership - £141 per year (inc VAT) (£11.75 per month by standing order)
- Level 2 Membership - £264 per year (£22 per month by standing order)

- I attach cash for ... £ _____ (annual payments only)
- I attach a cheque for ... £ _____ Payable to 'Digital Peninsula Network'
- I wish to pay by standing order the amount of... £ _____ Monthly / quarterly / annually

DATA PROTECTION

- I consent to my information being shared with DPN and their partners / funders
- I consent to my business information being shared with the public for advertising purposes only

I hereby apply for full membership of Digital Peninsula Network Limited and agree to be bound by its memorandum and Articles of Association with the maximum liability of £1 in the event of insolvency of the company

Signed: _____
 Date: _____

For Office Use Only:

On Act?: _____
 Member No: _____
 Equal Opps?: _____
 Web Username: _____
 Web Password: _____
 On ICT-scout?: _____
 Welcomed? _____

Equal Opportunities

Digital Peninsula Network Limited is committed to equality of opportunity and a full statement of our policy can be provided on request. To assist us to monitor the provision of access we would be grateful if you would provide the following information...

Ethnic origin:

- | | |
|--|--|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Not Known | <input type="checkbox"/> Prefer not to say |
| | <input type="checkbox"/> Other _____ |
-

Are you

- Male
 Female
-

Do you have a disability?

- | | |
|--|--|
| <input type="checkbox"/> Yes, registered | <input type="checkbox"/> Yes, not registered |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |
-

Age:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> 16-24 | <input type="checkbox"/> 25-49 |
| <input type="checkbox"/> 50 or over | <input type="checkbox"/> Prefer not to say |
-

Signed: _____

Date: _____

Standing Order Form

Name of Your Bank: _____

Address of Your Bank: _____

Your Account Name: _____

Your Name: _____

Your Account Number: _____

Your Bank Sort Code No: _____

Please Pay: HSBC Penzance

Account Name: Digital Peninsula Network Limited

Sort Code: 40-36-13

Account Number: 61384066

The Sum of: £ _____

Date of first payment: _____

Frequency of Payments: Monthly / Quarterly / Annually (delete as appropriate)

Date of Payments: (day of month) _____

Final Date of Payment: UNTIL FURTHER NOTICE

Signature: _____