

DrugScope Membership Form

DrugScope is the leading independent centre of expertise on drugs and the national membership organisation for people working to reduce the harm caused by drugs.



Please complete this form and return it to: membership@drugscope.org.uk - or -
 Membership Services, DrugScope, 4th Floor, ASRA House, 1 Long Lane, London SE1 4PG
 Tel: 020 7234 9730 | Fax: 020 723 9773 | www.drugscope.org.uk

Membership No., if known*			
Title		Name	
Organisation (if applicable)			
Address			Postcode
Telephone/ Mobile		Fax	
E-mail address			
Job title/ Position (if applicable)			
Umbrella organisation (if applicable)			

*(if this is a renewal you need only state what details have changed)

Please state which fields relate most closely to your work

- | | |
|---|---|
| <input type="checkbox"/> Drug treatment provision | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Commissioning | <input type="checkbox"/> Families/ carers |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education and prevention | <input type="checkbox"/> Other (please state) |

Please state which main client groups you or your service works with

- | | |
|--|---|
| <input type="checkbox"/> Offenders | <input type="checkbox"/> Complex or multiple needs (i.e. defined as 3 or more main support needs) |
| <input type="checkbox"/> Young people | <input type="checkbox"/> Dual Diagnosis |
| <input type="checkbox"/> Families | <input type="checkbox"/> Employment, Training, Education |
| <input type="checkbox"/> Drug users | |
| <input type="checkbox"/> Alcohol users | |

Please describe your work or the work of your organisation:

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The London Drug & Alcohol Network is DrugScope's London network. Please tick here if you want to be sent information about LDAN and our various meetings and forums.

On occasions we would like to send out information on DrugScope products and services, which may be of use to members. Tick here if you would **NOT** like to receive this information.

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Terms

Individual membership will be personal to the individual, and is non transferable. Organisational members must nominate a named representative. This representative will have all the rights and privileges of membership, and will be eligible to attend the AGM. In cases where organisations are located at two or more sites, to obtain membership benefits each site must apply for membership. We are prepared to negotiate 'bulk' discounts on fees where multiple memberships are required - please contact Membership Services for more information. All tariffs include VAT at 0% rate.

I confirm that I have read the terms above and that I agree to abide by them

Signed

Date

Membership category (annual)

- | | | |
|------|--|-------------------------------|
| 0002 | Individuals and small voluntary organisations (with annual income of less than 250K) | £60 <input type="checkbox"/> |
| 0003 | Voluntary organisations (with annual income above £250K) | £90 <input type="checkbox"/> |
| 0001 | Statutory and private sector organisations | £150 <input type="checkbox"/> |

Payment

Please provide payment with your application or request an invoice. This document can be used as a pro-forma invoice. Our VAT registration number is GB-653 5751 23
Payment must be in sterling, and can be made by cheque, credit or debit card (VISA, MASTERCARD, SWITCH).

I enclose a cheque for £ _____ payable to "DrugScope"

Please send invoice Address (if different from overleaf): _____

Postcode _____

I wish to pay by **VISA** **MASTERCARD** **SWITCH**

Card number _____

Expiry date _____

Issue Date (SWITCH only) _____

Cardholder name _____

Address _____

Cardholder signature _____

Date _____

(For security reasons we will telephone you to obtain your credit card CSV number)