

Application form to become a member of UK WISPA

<i>Organisation Details</i>	
<i>Name of Organisation</i> <i>(if in education, please state name of institution)</i>	
<i>Postal Address</i>	
<i>Type of organisation</i>	
<i>Website Address</i> <i>(to include on Members List)</i>	
<i>Number of subscribers</i> <i>(if WISP)</i>	
<i>Annual Subscriber Income</i> <i>(if relevant)</i>	
<i>Type of membership</i> <i>(see attached overview)</i>	
<i>UK WISPA Quality Assurance Accreditation requested</i>	Yes/No (delete as applicable)
<i>ADR membership required</i>	Yes/No (delete as applicable)
<i>Contact Details</i>	
<i>Primary Contact Name</i>	
<i>Primary Contact Email Address</i>	
<i>Primary Contact Telephone Number</i>	
<i>Billing Contact Name</i> <i>(if different)</i>	
<i>Billing Contact Email Address</i>	
<i>Billing Contact Telephone Number</i>	

I confirm that information provided by me is correct and accept the prevailing UKWISPA Terms and Conditions. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my membership may be terminated without remedy.

Signature _____

Name _____

Position _____

Date _____