



CAMW Membership and Payment Form

INSTRUCTIONS

1. Fill in CAMW Membership section
2. Indicate your preferred subscription method
3. Fill in the Payment section
4. Post completed sheet to the CAMW Membership Secretary

CAMW Membership Secretary
PO Box 1915
Newport
NP18 2WS

SUBSCRIPTION RATES

CAMW provides three categories of membership.

1. **Individual** [£100 for Membership from June 2006 will run until December 2007. Thereafter fees will be £100 per calendar year].
2. **Corporate** [£1000 per year for a maximum of 10 individual members for membership taken out from June 2006 which will run until December 2007]
3. **Sponsors** [Minimum sponsorship of £500 or in-kind equivalent]

Membership Section

NAME: TITLE:

ORGANISATION:

ADDRESS:

POST CODE:

TELEPHONE: MOBILE:

EMAIL:

QUALIFICATIONS IF ANY:

SHORT DESCRIPTION OF HOW YOU ARE, OR WISH TO BE, INVOLVED IN COACHING AND/OR MENTORING:

I wish to become a member of **CAMW** and agree to abide by the internationally recognised codes of practice and ethics recommended by **CAMW**.

SIGNATURE: _____

Payment Section

I wish to join as an **INDIVIDUAL** (£100) / **CORPORATE** (£1000) / **SPONSOR** (min £500)
(delete as appropriate)

- I enclose a cheque for made payable to Coaching and Mentoring Wales
- I have completed the Standing Order Form.



CAMW Membership Standing Order Form

INSTRUCTIONS

Please complete the form below and return it to the Membership secretary (address at foot). Once we have received the completed form we will keep a photocopy and send the original standing order form to your bank so that they can process payments.

Your details:

NAME: TITLE:

ORGANISATION:

ADDRESS:

POST CODE:

Your bank:

TO:
(Bank/Building Society)

ADDRESS:

POST CODE:

Your account:

Account Number: Sort Code:

Please pay to Barclays Bank of 57 Frogmore Street ,Abergavenny, NP7 5AT. For the account of Coaching and Mentoring Wales (Sort code 20-00-85) (Account No-tbd:)

Amount (in words and figures):

The sum of £ _____ (figures) _____ (words)

On the _____ (day) of _____ (month) _____ (year)

And a like sum each year/quarter/month until further notice

Signature:

Signed: _____ Date: _____

PLEASE NOTE THAT THIS REPLACES ANY PREVIOUS STANDING ORDER FORMS

Please send form to: CAMW Membership Secretary, PO Box 1915, Newport, NP18 2WS