



# MEMBERSHIP APPLICATION FORM

Name.....

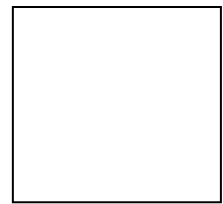
Passport photo:

Address.....

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Postcode..... Email .....

Tel..... Mobile.....



(Optional)

### **Full Member Applicants**

I am a Manual/Electronic Notetaker (delete as appropriate) and enclose my copy certificates  
(Recognised qualifications: CACDP/OCN/LOCN)

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

.....  
.....  
.....

### **Trainee applicants:**

I am training to be a (delete as appropriate) Manual/Electronic Notetaker

with (training organisation) ..... Date started: .....

I expect to complete training: ..... (month/year).

### **Associate applicants:** Please explain briefly why you would like to be an Associate:

.....  
.....

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

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

I have / do not have a CRB. (Level..... Dated:..... Expires:.....)

I prefer the following types of assignments: .....

I prefer not to accept the following types of assignments: .....

I prefer to work in and around the area(s) of: .....

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

I would / would not be interested in obtaining information on a group insurance scheme.

### **I wish to apply for membership:**

(√ as appropriate) **FULL** - £25.00

**TRAINEE** - £15.00

**ASSOCIATE** - £15.00



I enclose a cheque to the value of £\_\_\_\_\_ (cheques payable to ANP/The Association of Notetaking Professionals).  
I accept and will abide by the Constitution and Code of Practice of the Association.  
I understand that membership is annual from January 1<sup>st</sup> 2007 extended to include 2006. Membership implies acceptance of the Association's Code of Ethics and Constitution, available on request.

Signed:

Date:

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Membership Sec: Received:                      Date information pack sent:                      Membership card sent:                      No:

Treasurer:                      Banked date:

Send to: Meriel Michaelides, 102 Shurland Ave., Barnet, Herts., EN4 8DD Email: [text4u@solechance.plus.com](mailto:text4u@solechance.plus.com)