

LASER Alliance Membership Application Form

Please complete the form below and send it to us by FREEPOST address:

RoSPA House, 28 Calthorpe Road, Edgbaston, Birmingham, B15 1RP or via fax on: 0121 248 2001 or visit our website: www.lasersafety.org.uk

About you	
Member Name:	
Job Title:	
Company Name:	
Address:	
Post Code:	
Telephone:	
Fax:	
Email:	

For individual memberships please supply personal details not business details.

Your Organisation	
Number of employees:	
Industry sector:	
Name on certificate: (if different from company name)	

Step One – Your membership type		
Membership Category (1 site only)	Tick	Fee
Large (More than 50 employees)		£250
Small (Less than 50 employees)		£100
Individual		£25

Large multi-site organisations please call 0121 248 2025 for details.

Membership Benefits			
Benefits	IND	SME	LRG
LASER Alliance Certificate	x	x	x
Use of LASER Alliance member logo		x	x
Digital Journals:			
Safety Education (termly)	x	x	x
Leisure Safety Journal (quarterly)	x	x	x
Org. Promoted on LASER Alliance website		x	x
Free LASER Alliance training	x	x	x
Free LASER Alliance networking events	x	x	x
Case studies promoted on LASER Alliance website	x	x	x
*Free application for LASER Alliance Accreditation		x	x

*Submission fees for accreditation will apply

Step Two – Payment method							
<input type="checkbox"/> Cheque Cheque/postal order enclosed made payable to 'RoSPA'	<input type="checkbox"/> Credit /Debit Card						
<input type="checkbox"/> Payment on receipt of invoice Order number: <input type="text"/>	<input type="checkbox"/> Payment on receipt of invoice Order number: <input type="text"/>						
(Order number must be supplied for this option – see invoice in terms and conditions)	Name on card: <input type="text"/> Amex <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Maestro <input type="checkbox"/> Expiry Date: <input type="text"/> Card Number: <input type="text"/> Card Security No. <input type="text"/> <input type="checkbox"/> Issue No. <input type="text"/> <small>(last 3/4 digits on signature strip on card) (Switch)</small>						
	<table border="1"> <tr> <td>Fee</td> <td>£</td> </tr> <tr> <td>Donation</td> <td>£</td> </tr> <tr> <td>Total</td> <td>£</td> </tr> </table>	Fee	£	Donation	£	Total	£
Fee	£						
Donation	£						
Total	£						

Region	Indicate with a tick
London	
South East	
South	
South West	
Wales	
West Midlands	
East of England	
East Midlands	
North & North East	
North West	
Scotland	
Northern Ireland	

DATA PROTECTION
By completing this membership application form you consent to us providing you with information about any other services or product that we think may be of interest to you. If you do not wish to receive such information you may write to us at anytime or please put a tick in this box. <input type="checkbox"/>
You also consent to us disclosing details about you to carefully selected third parties whose products or services we believe may be of interest to you. If you do not wish us to disclose your details in this way, you may write to us at any time or please put a tick in this box. <input type="checkbox"/>
TERMS AND CONDITIONS
Cheque: a cheque drawn on a UK bank is the preferred method of payment. Cheques should be made payable to 'RoSPA'
Credit Card: We are happy to take payment by MasterCard/Visa/AMEX. Please tick the appropriate box.
Invoice: If you wish to be invoiced prior to payment an order number must be quoted on the application form. Invoices are payable on receipt and the membership will not be confirmed until payment is received. Membership will commence on the first of the month, after payment is made.