



# Psychology Specialists working with Older People

## Membership Application Form

Name	<input type="text"/>		
Address <sup>1</sup>	<input type="text"/>		
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
BPS No.	<input type="text"/>	DCP Member: YES / NO (Delete as appropriate)	

All members receive the newsletter, and are encouraged to participate in their local group activities. Members are entitled to reduced rates for the PSIGE annual conference.

<input type="checkbox"/> <b>Full Membership</b>	<b>£30</b>
Open to current members of the DCP. Full members are eligible to stand for committee posts and have full voting rights.	
<input type="checkbox"/> <b>Subscriber</b>	<b>£30</b>
Open to non members of the DCP and individuals other than clinical psychologists. Subscribers have all the benefits of membership except being able to stand for committee posts and having voting rights.	
<input type="checkbox"/> <b>Student/Trainee/Assistant</b>	<b>£10</b>
<input type="checkbox"/> <b>Institutional</b>	<b>£50</b>
<input type="checkbox"/> <b>Overseas</b>	<b>£20</b>
<input type="checkbox"/> <b>Overseas Institutional</b>	<b>£40</b>
<input type="checkbox"/> <b>Retired</b>	<b>Free</b>

### Payment

- Standing Order** <sup>2</sup>
- Cheque** payable to PSIGE

**The Geographical Group that I would like to be involved with is:**

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On occasion, PSIGE is asked to circulate information on behalf of other organisations, e.g. a job advert.

Please tick the box if you do NOT  wish to receive such mailings.

**PSIGE holds information electronically under the Data Protection Act.**

Please return this form to: Frances Free  
3 St Helen's Road, Dorchester, Dorset DT1 1SD

1. Please note that, as well as being the address to which the newsletter is sent, this address will be used by your Geographical Group convenor for all correspondence.
2. Sometimes people use a name at work that differs from their bank account name. Please enter the name/s of account holder/s below so that we can identify and confirm your payments.

Account Holder  
Name/s