

DrugScope Membership Form

DrugScope is the leading independent centre of expertise on drugs and the national membership organisation for people working to reduce the harm caused by drugs.



Please complete this form and return it to:

Membership Services, DrugScope, Prince Consort House,
109- 111 Farringdon Road, EC1R 3BW. Tel: 020 7520 7550 Fax: 020 7520 7555
membership@drugscope.org.uk
www.drugscope.org.uk

Applicant details

Membership Number (if known)

Title (Mr / Mrs / Miss)

Name

Organisation (if applicable)

Address

Telephone/ Mobile Postcode

Fax

E-mail address

Job title/ Position within organisation (if applicable)

Your service within the organisation (if applicable)

Please state which field relate most closely to your work

- | | |
|---|---|
| <input type="checkbox"/> Drug treatment provision | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Commissioning | <input type="checkbox"/> Families/ carers |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Education and prevention | <input type="checkbox"/> Other (please state) |

Please state which are the main client groups that you or your service works with:

- | | |
|--|---|
| <input type="checkbox"/> Offenders | <input type="checkbox"/> Complex or multiple needs (I.e. defined as 3 or more main support needs) |
| <input type="checkbox"/> Young people | <input type="checkbox"/> Dual Diagnosis |
| <input type="checkbox"/> Families | <input type="checkbox"/> Employment, Training, Education |
| <input type="checkbox"/> Drug users | |
| <input type="checkbox"/> Alcohol users | |

Please describe your work or the work of your organisation:

.....

.....

.....

Terms

Individual membership will be personal to the individual, and is non transferable.

Organisational members must nominate a named representative. This representative will have all the rights and privileges of membership, and will be eligible to attend the AGM.

In cases where organisations are located at two or more sites, to obtain membership benefits each site must apply for membership. We are prepared to negotiate 'bulk'

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discounts on fees where multiple memberships are required - please contact Membership Services for more information. All tariffs include VAT at 0% rate.

I confirm that I have read the terms above and that I agree to abide by them

Signed

Date

Membership category (annual)

0002 Individuals and small voluntary organisations (with annual income of less than 250K) £60

0003 Voluntary organisations (with annual income above £250K) £90

0001 Statutory and private sector organisations £150

Payment

Please provide payment with your application or request an invoice. This document can be used as a pro-forma invoice. Our VAT registration number is GB-653 5751 23

Payment must be in sterling, and can be made by cheque or credit or debit card

(VISA, MASTERCARD, SWITCH).

I enclose a cheque for £ _____ payable to DrugScope

Please send invoice (Address if different from overleaf)

I wish to pay by VISA MASTERCARD SWITCH

Card details

Card number

Expiry date

Issue Date (SWITCH only)

Cardholder name

Address

Cardholder signature .

Date

- Our members receive a monthly Members Briefing newsletter. To keep costs down, you will receive an email link to this. Tick here if you would prefer to receive a printed copy.
- As a member you are entitled to our annual report. However, to keep costs down, we will send a summary. Tick here if you would still like to receive the full report.
- On occasions we would like to send out information on DrugScope products and services, which may be of use to members. Tick here if you would not like to receive this information.

Signed

Date