

ATL Membership Payment Form




Membership No: _____ Name: _____

Address: _____

Postcode: _____

I can confirm that my membership is (please tick the appropriate box).

If you want to check the exact rates, please contact the membership department on 020 7782 1602, Monday to Friday, 9am to 5pm.

TYPE OF MEMBERSHIP	TERMS AND CONDITIONS OF MEMBERSHIP	PAYMENT BY CHEQUE	PAYMENT BY CREDIT/ DEBIT CARD
STANDARD AMiE			
<input type="checkbox"/> (A)  <input type="checkbox"/> (B) <input type="checkbox"/> (C)	(For those in Leadership and Management roles)		
	Working 3 or more days a week on average (0.6 of a timetable or more, OR two-term full time contract)	<input type="checkbox"/>	<input type="checkbox"/>
	Working 1.5 to less than 3 days a week on average (0.3 to less than 0.6 of a timetable and includes short-term contracts of one term full-time or two terms part-time)	<input type="checkbox"/>	<input type="checkbox"/>
	Working less than 1.5 days a week on average (less than 0.3 of a timetable)	<input type="checkbox"/>	<input type="checkbox"/>
STANDARD			
<input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C)	(Teachers, Lecturers, Supply, Advisors etc)		
	Working 3 or more days a week on average (0.6 of a timetable or more, OR two-term full time contract)	<input type="checkbox"/>	<input type="checkbox"/>
	Working 1.5 to less than 3 days a week on average (0.3 to less than 0.6 of a timetable and includes short-term contracts of one term full-time or two terms part-time)	<input type="checkbox"/>	<input type="checkbox"/>
	Working less than 1.5 days a week on average (less than 0.3 of a timetable)	<input type="checkbox"/>	<input type="checkbox"/>
STANDARD SUPPORT STAFF (For those working in education in a support role)			
<input type="checkbox"/> (A)	21 hours per week or more	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (B)	Less than 21 but 10.5 hours or more per week	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> (C)	Less than 10.5 hours per week	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASSOCIATE	Career break/Non teaching – no working cover	<input type="checkbox"/>	
<input type="checkbox"/> RETIRED	Non-working and in receipt of pension	<input type="checkbox"/>	
NEWLY QUALIFIED			
<input type="checkbox"/> 1st Year	Date started teaching	<input type="text" value=""/> / <input type="text" value=""/>	<input type="checkbox"/>
<input type="checkbox"/> 2nd Year	Date started teaching	<input type="text" value=""/> / <input type="text" value=""/>	<input type="checkbox"/>

PAYMENT OPTIONS

I ENCLOSE A CHEQUE FOR

I HAVE COMPLETED MY CREDIT/DEBIT CARD DETAILS

Made payable to: Association of Teachers and Lecturers
Please write your membership no. clearly on reverse

I AUTHORISE ATL TO DEBIT MY VISA CARD MASTERCARD DELTA MAESTRO ACCOUNT WITH THE AMOUNT OF

CARD NO. CARD SECURITY CODE

START DATE EXPIRY DATE ISSUE NO. (MAESTRO)

SIGNATURE DATE

MEMBERSHIP NO. BILLING ADDRESS IF DIFFERENT FROM ABOVE