ATL Membership Payment Form

the education union

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 RATE			
☐ **(A)**	Working 3 to 5 days a week on average (0.6 of a timetable or more, OR two term contract)	☐	☐
☐ **(B)**	Working less than 3 but more than 1.5 days a week on average (less than 0.6, but more than 0.3 of a timetable – includes short-term contract – one term full-time or two terms part-time)	☐	☐
☐ **(C)**	Working less than 1.5 days a week (less than 0.3 of a timetable)	☐	☐
STANDARD SUPPORT STAFF	**Those involved in the delivery of learning to pupils i.e. teaching assistants etc.**		
☐ **(A)**	21 hours per week or more	☐	☐
☐ **(B)**	Less than 21 but 10.5 hours or more per week	☐	☐
☐ **(C)**	Less than 10.5 hours per week	☐	☐
☐ **ASSOCIATE**	Career break / Non teaching – no working cover	☐	☐
☐ **RETIRED**	Non-working and in receipt of pension	☐	☐
AFFILIATED MEMBER	**Admin & support positions for employees not directly involved in the delivery of learning to pupils.** (But not Bursars / Managers or School Business Managers)		
☐ **(A)**	21 hours per week or more	☐	☐
☐ **(B)**	Less than 21 but 10.5 hours or more per week	☐	☐
☐ **(C)**	Less than 10.5 hours per week	☐	☐
NEWLY QUALIFIED			
☐ **1st Year**	Date started teaching ☐☐ / ☐☐	☐	☐
☐ **2nd Year**	Date started teaching ☐☐ / ☐☐	☐	☐
GROUP AFFILIATE			
☐ **EO Group Affiliate Teaching**	Must be a member of Examination Officers Association	☐	☐
☐ **EO Group Affiliate Non-teaching**	Must be a member of Examination Officers Association	☐	☐
☐ **Bursars Group Affiliate**	Must be a member of the National Association of School Business Managers or Independent School Bursars Association	☐	☐

PAYMENT OPTIONS

☐ I ENCLOSE A CHEQUE FOR ____

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

☐ I HAVE COMPLETED MY CREDIT/DEBIT CARD DETAILS

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 ____