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|  **Main Contact Details** |
| First Name: |  | Last Name: |  |
| Name of Organisation: |  |
| Postal Address: |  |
|  |  |
| Postcode: |  Borough:  |
| Telephone Number: |  | Mobile Number:  |
| E-mail Address: And please tick box to consent to us sending you membership specific emails and renewal reminders: [ ] All Data is kept secure in accordance with the General Data Protection Regulations and is not sold or shared with 3rd parties |
| **Nurseries, Schools and Colleges*1***  |
| **Select** School Type***4***: Nursery [ ]  Primary [ ]  Secondary [ ]  6th Form [ ]  College [ ]  |
| ***No. of end user children/ young people2*** | ***Fee state or charity*** | ***Select state fee (Enter no. of end users)*** | ***Fee private*** | ***Select private fee (Enter no. of end users)*** |  |
| Up to 50 | £110 |  | £130 |  |  |
| 51 - 250 | £160 |  | £200 |  |  |
| 251 – 500  | £250 |  | £290 |  |  |
| Over 500 | £250 + £***3*** |  | £250 + £ ***3*** |  |  |
| **Community Groups *1***  |
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| ***No. of end users (Children/People)2*** | ***Fee State or Charity*** | ***Select state fee (Enter no. of end users)*** | ***Fee private*** | ***Select private fee (Enter no. of end users) 2*** |
| Up to 15 | £75 |  | £90 |  |
| 16 - 30 | £85 |  | £110 |  |
| 31-100 | £120 |  | £150 |  |
| Over 100 | £120 + £***3*** |  | £150 + £ ***3*** |  |

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| **Others *1*** |

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| Family with children under 18 | £ 40  |  |
| Student **5** | £ 30 |  |
| Individual | £ 75 |  |

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| **Membership Fee Guidance**1. Select the relevant category for your organisation; **Nurseries, Schools and Colleges**, **Community Groups** or **Other Types**
2. Estimate the total number of people actually using the materials you collect over the membership period (end users). For example, the total number of pupils in a school. **Enter the estimated number of end users in the appropriate box to select the fee.**
3. for **State**, ***£3*** *per additional* ***10*** *users,* for **Private**, ***£4*** *per additional* ***10*** *users (round to the nearest 10)*
4. Where individual departments or key stages wish to join, then use the number of end users as a guide to the appropriate price
5. Students must verify they are on a relevant course during their membership year

1. We are open to discussing discounted **‘umbrella’ group membership** where more than one group wish to join under the same membership. Each application is assessed on a case-by-case basis upon its merits **Please Note: A list of Individuals collecting for the group will be required**.

Please do not hesitate to speak to us in confidence if you feel the fees are prohibitive for your group and wish special circumstances to be considered. |

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| **End User Information** |
| *Age range of majority of users: (Please tick or highlight)* | **☐** Under 5 years old **☐** 5 to 18 years **☐** 18 to 65 **☐** Over 65 years old  |
| If any end users have a disability, please describe:  |  |
| Please tell us - how did you hear about Scrapstore ? |  **☐** Internet Search  **☐** Existing member(s) **☐** Local authority **☐** Poster/Flyer  **☐** Word of Mouth  **☐** Marketing Sample Pack  **☐** Other - Please state here   |

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| **Method of Payment** |
| **BACS preferred**. Work and Play’s bank account number is **00787772** and the sort code is **30-96-07**.  **Please include 'MEM FEE ‘ your organisation name ’ in the ‘reference’ section when making your payment to enable us to identify your payment.*** **Cheques**must be made payable to *Wandsworth Work and Play* and clearly state the membership name and lead contact name on the back of the cheque.
* **Cash** by hand only
* **Card** In store.(additional charge)
 |
| I need an invoice: (Please Tick)  | **☐** Yes **☐** No  |

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| Invoice Mailing Details (Only if different from main contact and invoice required) |
| Name: |  |
| Address: |  |
| City: |  | County: |  |
| Postcode: |  | E-mail Address: |  |
| Phone Number: |  | Mobile Number: |  |

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| **Acceptance & Agreement to** [**Conditions of Membership**](http://www.workandplayscrapstore.org.uk/membership/#anch2) |
| *I have read and agreed the Conditions of Membership of Work & Play Scrapstore and confirm that I / our group / organisation complies with the terms of eligibility for membership.* |
| *Full Name:* |  |
| *Signed:* |  |
| *Date:* |  |
| *Please tick or highlight if you completed this form electronically:* **☐**  |