

**AHFAP Membership Form 2021-2022.**

Fees remain consistent with previous years, place an “**X**” in the selection column next to the membership type you would like to renew.

|  |  |  |
| --- | --- | --- |
| **Membership Type** | **Cost** | **Selection (please complete)** |
| Corporate Membership (1-5 staff) | £75 |  |
| Corporate Membership (6-10 staff) | £100 |  |
| Corporate Membership (11+ staff) | £175 |  |
| Personal Membership | £30 |  |
| Student/Retired Membership | £15 |  |
| Commercial membership | £150 |  |
| Members Directory Listing\* | £15 |  |

**Corporate Membership Details**

Please list below the names and email addresses of staff included in your corporate membership. Add additional rows as required.

|  |  |
| --- | --- |
| **Name** | **Email** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

**\*Members Directory Listing**

For an additional £15, personal members can also be listed on our [members directory.](https://ahfap.org.uk/find-a-photographer)

*If you are listed as a team member in a corporate membership, you must also take out a personal membership to be eligible for members directory listing.*

**Payment**

Receipt of your payment is proof of membership.

There are two methods of payment.

* Via Paypal, using a credit or debit card.
* Or we can send you an invoice which you can then pay via BACS.

To reduce environmental impact and improve efficiency AHFAP now send all correspondence via email and we no longer accept cheques.

Place an “**X**” in the selection column next to the payment method you would like to use.

|  |  |
| --- | --- |
| **Payment type** | **Selection (please complete)** |
| **Paypal**  *PayPal (Credit/Debit card).* For payment via *PayPal p*lease supply an email address below. An electronic invoice will be sent to the email supplied. *A PayPal account is not a required to use PayPal.* |  |
| **Invoice and BACS** |  |

**Email address for PayPal invoicing:**

|  |
| --- |
|  |

**Corporate, Commercial and Personal Memberships - Please fill out your details below.**

|  |  |
| --- | --- |
| Primary Contact Name |  |
| Organisation Name |  |
| Website |  |
| Address |  |
| Email |  |
| Phone Number |  |

Please indicate your region by adding an “**X**” to the selection column.

|  |  |
| --- | --- |
| **Region** | **Selection (please complete)** |
| London |  |
| Rest of England |  |
| Northern Ireland |  |
| Republic of Ireland |  |
| Wales |  |
| Scotland |  |
| Europe |  |
| Rest of World |  |