

ASYLUM SUPPORT APPEALS PROJECT (ASAP)

Individual and Organisation Membership Application Form

Individual or representative name	
Organisation's name	
Address	
Telephone	
Email	

Please **delete** as appropriate:

I would like to become an **Individual Member** of the Asylum Support Appeals Project.

I would like to become an **Organisational Member** of the Asylum Support Appeals Project and I am the authorised representative of my organisation.

I am over 18 years of age. I meet at least one of the ASAP membership criterion described in the accompanying letter. I guarantee that I will contribute a sum (up to £1), in the event that the company is wound up with outstanding debts.

Signature: _____ Date: _____

If you are representing your organisation, we require a signature from your organisation's Chair or Director to confirm that you are the appointed representative.

Name (print): _____ Signature: _____ Date: _____

Membership is free to all organisations and individuals. Members receive quarterly newsletter, free training on asylum support appeals issues (organisational members only) and invitations to AGM. Once you become a member, there is no need to renew your membership. However you have an option of annulling your membership at any time. ASAP will review its members' list every year.

**Please return the completed application form to:
ASAP, 18 Barclay Road, Croydon CR0 1JN**

Date Protection Statement: The information provided by you will be processed by ASAP for the purposes of administration of membership and sending you mailings. We will not release your personal information to any third party without your consent.