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| **ACTO Associate Membership Application Form** |
| **Name:** |  |
| **Home Address** (including country): |  |
| **Telephone** (Mobile & Home): |  |
| **Email:** |  |
| **This membership is for professionals working in allied fields in mental health who have an interest in online therapy – including teachers, researchers and retired therapists.** **Please describe your interests in online therapy & supervision:** |
|  |
| **Professional Membership(s):** *(if relevant)* | **Membership Number(s):** |
|  |   |
| **Declarations:** |
| **Please read and indicate your responses to the following declarations and then date and sign at the end of this section** (either by putting in your signature as a jpg or similar file or by typing your name)**.**  |
| **PROFESSIONAL COMPLAINT OR OTHER DISCIPLINARY PROCEEDINGS**  | [ ]  **I CONFIRM I AM NOT** THESUBJECT OF THESE[ ]  **I CONFIRM I AM** THESUBJECT OF THESE (Please provide further details on a separate page) |
| **PERMISSION FOR ACTO TO SEND YOU NEWSLETTERS & EMAILS**ACTO would like to send you newsletters & emails for the purposes of keeping you informed of its current developments & providing relevant information | [ ]  **I CONSENT** TO RECEIVE THESE[ ]  **I DO NOT CONSENT** TO RECEIVE THESE |
| **STORAGE AND USE OF YOUR DATA UNDER GDPR** | [ ]  **I DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.** |
| **Your agreement to abide to the ACTO current Code of Ethics** | [ ] I agree as an **ACTO Member** to abide by its current Code of Ethics**:** <https://acto-org.uk/professional-conduct-code-ethics/> |
| **Signed: Date:** *(If you don’t have a digital signature please type your name here)* |
| **Payment Information:** (all fees are payable annually) |
| Membership Fee:**£35.00** | **\*NEW\*** **If you would like to pay by Direct Debit through GoCardless, please contact us for more details** |
| **UK PAYMENTS****Account Name:** Association For Counselling And Therapy Online**Sort Code:** 60-83-01**Account Number:** 20424611**Reference**: Your full name + membership number (if you already have one) |
| **INTERNATIONAL PAYMENTS****Account Name:** Association For Counselling And Therapy Online**IBAN:** GB93NWBK60023571418024**BIC:** NWBKGB2L**Bank Name:** Unity Trust BankBank Address: Unity Trust Bank plc, Planetary Road, Willenhall WV1 9DDG**Reference**: Your full name + membership number + ACTO**ACTO Address for International Transfers:** 19b Front Street, Sacriston, County Durham DH7 6JS, United Kingdom (*Please not use this for any other purpose*). |
| **Application Checklist:** |
| **Please send your completed application form to** admin@acto-org.uk **either via email or WeTransfer including the following documents**:1. Proof of current membership of your professional body (this must show an expiry date) if relevant

Please ensure you complete all the Declaration statements to ensure your application is processed without any delays. **Please allow up to 10 working days for us to process your membership application.****With thanks, ACTO Administration** |