

F.A.C.T.

Falsely Accused Carers, Teachers and other professionals

www.factuk.org Email: sec@factuk.org Twitter: @FACTukorg

Associate Members Form

This form is intended for people who are not seeking help from FACT but who, for moral, rational or professional reasons, are concerned about a rise in factors which are conducive to false allegations and who are sympathetic towards people whose lives and families are affected. Associate Membership is open to all who share FACT's objectives (your contact details will not be disclosed without your permission).

Please note: If you have personally been affected by a false allegation, either directly or as a relative or partner, we ask you to complete the Membership Form instead (see website).

SECTION 1: ABOUT YOU and CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other, specify:
FULL NAME						
OCCUPATION / JOB TITLE						
PLACE of WORK (if applicable)						
ADDRESS 1					TELEPHONE	
ADDRESS 2					MOBILE	
ADDRESS 3					EMAIL	
TOWN/CITY					Post Code	

SECTION 2: OPTIONS and DECLARATION

I agree to my contact details being stored on a confidential electronic database: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I agree to being listed as an Associate: <input type="checkbox"/> Yes, name only <input type="checkbox"/> Yes, name + occupation/ place of work	
<input type="checkbox"/> No, prefer to support FACT as an unlisted supporter <input type="checkbox"/> No, anonymous donation only	
Declaration: I understand and accept that membership of FACT, including Associate Membership, may be refused, revoked or suspended in the case of anyone who brings the name of FACT into disrepute. I promise to abide by the rules and values of FACT as set out on the website: www.factuk.org and in its constitution.	
SIGNED	DATE

SECTION 3: VOLUNTARY SUBSCRIPTION / ADMINISTRATION COSTS / DONATION

Associates are asked to pay £20 per annum towards our newsletter FACTION, Helpline, Conferences and other costs.	I enclose £ _____ for 12 months Associate Membership. I ask to be sent a reminder when my annual subscription is due for renewal: <input type="checkbox"/>
	Note: As an Associate you are not required to pay anything but, as we are a non-funded, voluntary organisation, any contribution however small would be appreciated. I enclose £ _____ as a voluntary contribution. [FACT thanks you very much.] If you have provided an email address above we will send e-versions of FACTION to you and, unless you opt out, you will be sent automatic updates of information on FACT's website. <input type="checkbox"/> Tick to opt out of email notifications. <input type="checkbox"/> Tick if you have decided to make a donation but don't wish to register as an Associate at this time.
PAYMENT METHOD	<input type="checkbox"/> Cheque <input type="checkbox"/> Postal Order n.b. FACT is not set up for other methods of payment but we hope to make that possible in the near future. Please make cheques or postal orders payable to F.A.C.T. (Falsely Accused Carers, Teachers and other professionals), and send with this form to: Fact Secretary, FACT, 83 Ducie Street Manchester M1 2JQ Any queries: sec@factuk.org