



tcpa

**Town and Country
Planning Association**
17 Carlton House Terrace
London, SW1Y 5AS
www.tcpa.org.uk

Application for organisation membership (Non UK)

Return the form, with your payment to The Membership Officer at the above address.

The cost of annual TCPA membership for organisations based outside the UK is £300.00. The main contact for the membership will receive a copy of our journal 'Town & Country Planning' each month during the course of the membership. Up to three additional contacts, who will each be granted access to the members' area of our website, where current and past journals can be downloaded, can be added if required.

Organisation Name _____

Main Contact - Please nominate a main contact for this membership. We will contact them when membership is due for renewal. It is important, therefore, that the main contact is empowered to authorise payment of membership fees, or is able to obtain such authorisation.

Title: _____ First Name: _____ Last Name: _____

Job Title: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Additional Contacts - If you would like to nominate additional contacts now, complete this section.

Additional Contact 1 - Title: _____ First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Additional Contact 2 - Title: _____ First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Additional Contact 3 - Title: _____ First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Payment method

Cheque payable to TCPA (please enclosed with application)

Credit / debit card (enter details below)

Cardholder name: _____

Card No: ____ / ____ / ____ / ____

Expiry date: ____ / ____ Security code: ____ (printed on rear of card)

Invoice - Should a PO Number be required, please enter that number here: _____

Our invoice will be sent by email to the main contact for the organisation as nominated above, unless otherwise stated. Should you require it to be otherwise addressed, please give details below:

Invoice to: Title: _____ First Name: _____ Last Name: _____

Job Title: _____

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

I wish to apply for **Organisation Membership** of the **TCPA** and agree with its charitable objectives.

Signed: _____ Date: _____