

Membership Application Form

Your name:

Address:

Telephone no:

Year of ordination:

Email address (required for communications):

The Membership Pack explains the different membership options. Within each category, the Payment payable depends on your choice of payment method. Please pay pro-rata for part-years. I wish to renew / apply for (*tick one option only*) **::

- | | | | |
|---|-------------------------------------|--------|--------------------------|
| Option A: Minister on the Public Register * | Annual Payment by Direct Debit | £100 | <input type="checkbox"/> |
| | Quarterly Payment by Direct Debit | £27.50 | <input type="checkbox"/> |
| | Annual Payment by cheque | £120 | <input type="checkbox"/> |
| | Ordinand Payment by Direct Debit | £60 | <input type="checkbox"/> |
| Option B: Life Minister on the Public Register * | Minimum One-off Donation | £600 | <input type="checkbox"/> |
| | plus Annual Payment by Direct Debit | £5 | <input type="checkbox"/> |
| Option C: 'Friend' Member | Annual Payment by Direct Debit | £55 | <input type="checkbox"/> |
| | Quarterly Payment by Direct Debit | £15 | <input type="checkbox"/> |
| | Annual Payment by cheque | £65 | <input type="checkbox"/> |
| | Ordinand Payment by Direct Debit | £30 | <input type="checkbox"/> |
| Option D: Life 'Friend' Member | (Minimum) One-off Donation | £600 | <input type="checkbox"/> |

(* Members on the Register must have indemnity insurance; contact the Office or check online for details of the specially negotiated Ministers Insurance.)

** For those experiencing financial hardship, we are able to accept a lower fee, by your request.

Donation to the work of the Interfaith Foundation:

Payment methods:

(*tick one option only*):

- I enclose my completed Direct Debit form, OR
- I enclose a cheque, payable to the 'Interfaith Foundation' for £_____, OR
- I am paying online by BACS to the Interfaith Foundation, sort code 08-92-99, account 65389339 OR
- I am paying by PayPal to danielle.wilson@interfaithfoundation.org

Please tick if applicable: I am a UK tax payer and I wish to Gift Aid this donation to the Interfaith Foundation.

Upon acceptance of your application, you will be registered to the Interfaith Foundation's website and can access all the member services and benefits.

Declaration

For all **'Friends' Members**: I agree to observe my Personal Vow, the Seminary Vows and the Code of Ethics.

For **Ministers on the Register**: In addition, I also agree to the requirements for my Supervision, Continuous Professional Development, Insurance, Conflict Resolution and Professional Conduct Procedure.

Your signature:

Date:

Please send to: Interfaith Foundation, Communications House, 26 York Street, London W1 6PZ, UK.