

**APPLICATION FOR MEMBERSHIP**

**PLEASE COMPLETE IN BLOCK CAPS**

**SURNAME** Click or tap here to enter text.

**FIRST NAME** Click or tap here to enter text.

**AUTHORITY** Click or tap here to enter text.

**JOB TITLE** Click or tap here to enter text.

**FULL POSTAL ADDRESS** Address Line 1

**OF AUTHORITY** Address Line 2

**(INCLUDING POSTCODE)** Address Line 3

 Postcode

**DIRECT LINE** Click or tap here to enter text.

**MOBILE** Click or tap here to enter text.

**EMAIL (PERSONAL)** Click or tap here to enter text.

I hereby apply for membership of the Association of Local Authority Chief Executives and Senior Managers, and I agree to the membership terms below.

I understand that, if I use consultancy support that I am required to pay for, the Association will recover payment from me by means of direct debit; and that I will be sent information to confirm the basis of any such payment.

**Membership terms**

I understand that I will pay a membership fee that entitles me to a limited amount of free non-pension consultancy support in my first 12 months of membership, and that I will have to pay £90 per hour for consultancy support - if required - in excess of the free allocation together with any reasonable expenses incurred by an ALACE consultant in providing such additional support. I understand that the amount of free consultancy support depends on the period for which I am joining, as set out in the table below. I also understand that there is no free consultancy support for matters relating to pensions, which will be charged for at all times, at the appropriate rate agreed by the ALACE Council (currently £90 per hour).

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| --- | --- | --- |
| **Date of joining and fee** | **Period of membership** | **Free consultancy support in first 12** |
|  |  | **months** |
| During 2020/2021 |  |  |
| ***either*** £390 | To December 2021 | Four hours non-pension support |
| ***or*** £755 up front (discounted | To December 2022 | Eight hours non-pension support |
| two years’ membership) |  |  |

**I wish to pay the membership fee now for 2020/2021** [ ]

**I wish to pay the membership for 2020/2022** [ ]

**SIGNED:** Click or tap here to enter text. **DATE:** Click to enter a date.

Please return to: Dr Michel Saminaden, Hon. Treasurer, ALACE mailto:ALACE2@outlook.com