

# COSCA (Counselling & Psychotherapy in Scotland) 16 Melville Terrace | Stirling | FK8 2NE t: 01786 475 140 f: 01786 446 207

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#### Office Use

Finance	Membership Details

### Application to Subscribe:

## Organisational Subscriber Individual Subscriber

Individual Subscriber				
1. SUBSCRIBER CATEGORIES (Please complete Section 1.1 or Section 1.2)				
1.1 ORGANISATIONAL SUBSCRIBER				
Name of Organisation:				
Address of Organisation:				
Post Code:				
Name of Contact Person:				
Telephone Number:				
Email Address:				
Website Address:				
1.2 INDIVIDUAL SUBSCRIBER				
Surname:				
Forename(s):				
Title:				
Address:				
Postcode:				
Home Telephone Number:				
Work Telephone Number:				
Email:				

### 2. PRIVACY NOTICE

We collect personal information from those who apply to become individual members or subscribers and details relating to organisational membership. We also collect information at the time of renewal of membership, when members voluntarily provide feedback to us, and when they complete surveys for us.

We will use this information:

- √ to make a decision about your suitability to join COSCA or be a subscriber
- ✓ to maintain our records
- ✓ to inform, on request, third parties concerning whether or not named individuals are currently members or subscribers of COSCA and the category of membership held
- ✓ to send you information about COSCA's work and services
- ✓ to send you information from other organisations and individuals that we consider to be of interest to you.

COSCA will not share your information for marketing purposes with other organisations and individuals. For more information on how we use your information, please see our <a href="https://example.com/Privacy Notice">Privacy Notice</a> on <a href="https://www.cosca.org.uk">www.cosca.org.uk</a>

**Publication of Sanctions –** Please refer to the above Privacy Notice for information.

### 3. COSCA JOURNAL

COSCA will publish your name in the listing of new Subscribers in the COSCA Journal – *Counselling in Scotland*.

4. DO YOU HAVE A SPECIFIC INTEREST IN COUNSELLING OR PSYCHOTHERAPY				
YES	NO			
If Yes, please specify:				

I am applying for (please tick):					
Organi	sational Subscriber:	£28.00			
Individ	lual Subscriber:	£28.00			
DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy in Scotland) COSCA prefers you to make your subscription payment direct to COSCA's bank. Please see below for information in order to process this.					
Name of Bank: Sort Code: Account No: Account Name:	Clydesdale Bank PLC, Murray Plac 82 68 05 70174110 COSCA (Counselling & Psychother				
Please give your name when paying via your bank. If this does not happen, it could be that your payment is not recorded against your personal payment for your subscription.					
l ar	m paying direct via the bank	Date paid:			
I enclose a cheque made payable to COSCA.					
I require an invoice (£2.00 charge)					
Subscription of £	plus donation o	£			
Invoice charge	(if applicable)				
Total Amount: £					
Invoice Address, if different from Section 1:					
<ul> <li>Please note the following:         <ul> <li>COSCA holds quarterly meetings to approve membership applications. Applicants will be notified of the outcome of their application within 3 weeks of the meeting, unless there are extenuating circumstances.</li> <li>Cheques will be cashed on receipt</li> <li>A full refund will be made if the application is not approved.</li> <li>Following the award of COSCA membership, no membership fees will be refunded.</li> </ul> </li> </ul>					
6. CONFIRMATION OF INFORMATION					
I confirm that the information given in support of this application is, to the best of my knowledge, true and complete.					
Signature:					
Please Print Name:					
Date:					

5. SUBSCRIPTION