



ORDINARY MEMBERSHIP APPLICATION FORM

UK - £56 GBP
Overseas - £69 GBP
Student/Retired/Unemployed rate - £27 GBP (Please provide evidence of status)

Please print and complete in BLOCK CAPITALS

I am interested in furthering the work of ALT and wish to join the Association:

Title, First Name, Surname: _____

Job title (if employed): _____

Department (if relevant): _____

Organisation: _____

Address: _____

Postcode: _____

Tel: _____ Fax (if any): _____

Email: _____ (please print clearly)

1. Roles (please select any that substantially apply from the following):

- | | |
|--|---|
| <input type="checkbox"/> Assessment or testing design, development or implementation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Consultancy | <input type="checkbox"/> Sales and/or marketing |
| <input type="checkbox"/> Curriculum design and development | <input type="checkbox"/> Software development |
| <input type="checkbox"/> ICT systems | <input type="checkbox"/> Staff/educational development |
| <input type="checkbox"/> Learning, teaching and assessment | <input type="checkbox"/> Technical implementation/support |
| <input type="checkbox"/> Learning technologist | <input type="checkbox"/> Virtual learning environment implementation and/or support |
| <input type="checkbox"/> Management | <input type="checkbox"/> Web design, development or implementation |
| <input type="checkbox"/> Other (in which case please specify) | |

2. Role classified as (please select the ONE that most clearly applies):

- | | |
|---|--|
| <input type="checkbox"/> Administrator or Manager | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Academic-related | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> Content developer | <input type="checkbox"/> Systems developer |
| <input type="checkbox"/> Lecturer/Teacher/Trainer | <input type="checkbox"/> Technical developer |
| <input type="checkbox"/> Postgraduate student | <input type="checkbox"/> Other – please state: |

PAYMENT DETAILS (complete appropriate section)

- Cheque for £ _____ enclosed (payable to the Association for Learning Technology and drawn on a UK bank)
- Debit £ _____ from my Visa/Mastercard Card no: _____ / _____ / _____ / _____

Expiry date: ___ / ___ Cardholder's name as shown on card: _____

Cardholder's address (to which statements are sent): _____

Postcode: _____

Signature: _____ Date: ___ / ___ / ___

Please send this form with payment and return to:

ALT Administration, Gipsy Lane, Headington, Oxford, OX3 0BP, UK

Tel: +44 (0)1865 484125 Fax: +44 (0)1865 484165 Email: admin@alt.ac.uk