



Scottish Continuity

Membership Application

Membership Type

- 3rd Party Supplier** (Annual fee: £1,000 - 10 named representatives allowed)
'A whole or part of an organisation who is a commercial supplier of Business Continuity related products or services.'
- Corporate** (Annual fee: £400 - 10 named representatives allowed)
'Any organisation having an interest in Business Continuity Management, but not involved in providing 3rd party services as defined in the 3rd party Membership level.'
- Registered Charity** (Annual fee: £90 - 3 named representatives allowed)
'Any registered Charity with an interest in Business Continuity Management.'
- Small or Medium Sized Enterprise** (Annual fee: £100 - 3 named representatives)
'Any organisation having an interest in Business Continuity Management, but not involved in providing 3rd party services as defined in the 3rd party Membership level.'
- Individual** (Annual fee: £50)
'Any person with an interest in Business Continuity Management or Risk Management.'
- Individual Charity** (Annual fee: £45)
'Any person with an interest in Business Continuity Management or Risk Management working for a registered charity.'
- Local Authority** (Annual fee: £100 - 3 named representatives)
'Any Local Authority organisation having an interest in Business Continuity Management.'
- Other Public Sector** (Annual fee: £100 - 3 named representatives)
'Any Public Sector organisation having an interest in Business Continuity Management that is not a Local Authority.'
- Student** (Free)

Please indicate the membership type you require by ticking the appropriate box above and then complete the application form overleaf.

Account information

Personal information

Surname: * _____

Forenames: * _____

Date of birth: * _____

Home address: * _____

Postcode: * _____

Home telephone number: * _____

Mobile telephone number * _____

E-mail address: * _____

A valid e-mail address. All e-mails from the system will be sent to this address.

Employer Information

Current employer: * _____

Position in company: * _____

Employer's address: * _____

Work telephone number: * _____

Work email address: * _____

Your background: _____

Charity Number (if appropriate): _____

Please give details of your background in Business Continuity Management (This will allow us to build up a picture of our membership and identify those with specific skill sets.

Sector: * _____