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Library Administrative Officer
ds.ials@sas.ac.uk

**APPLICATION FOR MEMBERSHIP
 INSTITUTIONAL SUBSCRIBERS**

PLEASE TYPE OR USE BLOCK CAPITALS

Section 1: Organisation Details

NAME OF ORGANISATION

ADDRESS

.....

POSTCODE **COUNTRY**

TEL **FAX**

VAT NO: (Subscribers from EU countries **other** than UK)

NAME OF CONTACT (for invoicing and administrative purposes)

POSITION **TEL**

EMAIL

TYPE OF ORGANISATION

Law firm Government legal department
 Barristers' chambers Legal department of a commercial organisation

Other (please specify)

NUMBER OF LAWYERS / FEE-EARNERS IN ORGANISATION

*Notes: 1. UK firms, or UK offices of overseas firms, should include here lawyers in all branch offices in the UK.
 2. Overseas offices of overseas firms, and overseas offices of UK firms, should make separate application.*

| | | | | | |
|--------|--------------------|--------------------------|---------|--------------------|--------------------------|
| Band 1 | 1 to 10 lawyers | <input type="checkbox"/> | Band 6 | 201 to 300 lawyers | <input type="checkbox"/> |
| Band 2 | 11 to 25 lawyers | <input type="checkbox"/> | Band 7 | 301 to 400 lawyers | <input type="checkbox"/> |
| Band 3 | 26 to 50 lawyers | <input type="checkbox"/> | Band 8 | 401 to 500 lawyers | <input type="checkbox"/> |
| Band 4 | 51 to 100 lawyers | <input type="checkbox"/> | Band 9 | 501 to 600 lawyers | <input type="checkbox"/> |
| Band 5 | 101 to 200 lawyers | <input type="checkbox"/> | Band 10 | 601+ lawyers | <input type="checkbox"/> |

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Section 3: Payment information

A schedule of current subscription rates is available to view at: <http://ials.sas.ac.uk/library/iservice/isrates.htm>

1. For UK-based applications the location of the registered Head Office determines the applicable Band / rate.
2. For EU-based applications outside the UK, VAT registration determines the applicable Band / rate.

Please enter annual subscription rate £

Cheque enclosed
 Payment by sterling cheque, drawn on a UK bank, should be made to "University of London"

Please invoice my organisation
 (Payment Terms 30 days.) Purchase Order No

Credit Card Payment
 (we will ring you to take payment details and then destroy these details)

Signature of cardholder

Cardholder name (in BLOCK CAPITALS)

Cardholder address details (if different from Section 1)

ADDRESS

POSTCODE COUNTRY

TEL FAX

Section 4: Authorisation

Members agree to abide by the Conditions of Service details of which are available at
<http://ials.sas.ac.uk/library/iservice/conditions.htm>

Signed on behalf of the organisation..... Date

Name (in BLOCK CAPITALS)

POSITION

TEL

Please sign before returning this form – Thank you



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