

Office use only: Member Code



Registration Form

Personal Details

Title and full name _____

Principal writing name _____

Any other writing names (please provide full details) _____

Date of birth _____ Nationality _____

Address _____

_____ Post code _____

Contact number (including dialling code) _____ Mobile _____

Email address _____

Residency (for tax purposes) _____

Are you registered for VAT in the UK? Yes No

If yes, please note that details of our self-billing scheme can be downloaded from the ALCS website: www.alcs.co.uk

Each time fees are due to you we will send you a statement. Please provide a mailing address for this statement, if different from above

Address _____

_____ Post code _____

Do you belong to any of the following organisations?

Society of Authors

Writers' Guild

NUJ

BAJ

CIOJ

Agent Details

Name of agent _____

Company name _____

Address _____

_____ Post code _____

Contact number (including dialling code) _____

Email address _____

please continue overleaf

Payment Details

ALCS will pay you, or your agent or other representative, by credit transfer. The Society will always send you a statement of your account when payments are made. Credit transfer costs less to administer, which allows ALCS to distribute more money to writers. It guarantees that the funds are cleared directly into your bank or building society account and are available immediately.

If you would like us to pay you directly, please complete section (a). If you would like us to pay your agent or another representative, please complete section (b).

(a) Payment to You

Bank/Building Society name and address

Address _____

_____ Post code _____

ACCOUNT NUMBER								SORT CODE		ACCOUNT NAME
								:	:	

If your account is held with a Building Society please enter your extra reference number here _____

If your bank account is held outside the UK, we will send you a form to complete that will enable us to pay you by credit transfer.

(b) Payment via an Agent or other Representative

I hereby authorise ALCS to pay all monies due to me to

Name _____
Address _____

_____ Post code _____

whose receipt shall be a full and sufficient discharge for such monies.

Bank/Building Society name and address

_____ Post code _____

ACCOUNT NUMBER								SORT CODE		ACCOUNT NAME
								:	:	

I confirm that the information provided above is correct.

Signed _____ Date _____

Please indicate if you would like the PLR to contact you about fees relating to the lending of books in libraries.

Yes No