

JOINING THE ISBA APPLICATION PACK

This application pack contains:

- A short brief explaining the different categories of membership available
- An application form for a school to join the ISBA as either a Full, Associate or International Associate member

Should you require any further information, please contact the ISBA Membership Manager:

**ISBA
Bluett House
Unit 11/12 Manor Farm
Cliddesden
Basingstoke
Hampshire RG25 2JB**

Tel: 01256 330369

Email: clairecrow@theisba.org.uk

Company Number: 6410037 Registered Charity Number: 1121757

December 2018

TYPES OF MEMBERSHIP

ISBA is a charitable company limited by guarantee. The ISBA Articles of Association, which may be viewed on the ISBA website (www.theisba.org.uk) explain that there are two categories of membership open to educational charities, schools and other organisations, namely Full Membership and Associate Membership. Schools outside the UK are eligible for Associate Membership only and are referred to as Overseas Associate Members.

Full Members are members of ISBA for the purposes of the Companies Acts and therefore have the right to vote at its general meetings. Full Membership is open to any charity or other organisation which:

- (a) is separately constituted under its own legal governing document; and
- (b) is (or has a governing body or member of staff who is) in full membership of any one of the associations that are constituent members of the Independent Schools Council; and
- (c) either:
 - (i) runs or controls a single independent school in the UK (provided that if a charity or other body runs a pre-preparatory, preparatory and/or senior school under the same Department of Education registration number it shall be treated as running a single school); or
 - (ii) runs or controls more than one independent school in the UK under different Department of Education registration numbers, save that, where each independent school that it runs would, but for this paragraph (c), itself be an Eligible School, the charity or other organisation in question shall only be an Eligible School if it operates at least one of those schools directly.

Associate Members enjoy most of the privileges of Full Members, but are not members of ISBA for the purposes of the Companies Acts and do not have the right to vote at general meetings or to propose candidates for election to the Executive Committee. Associate Membership is open to:

- (a) an independent school in the UK which is not separately constituted under its own legal governing document; or
- (b) a charity or other organisation which operates one or more independent schools, none of which is situated within the United Kingdom; or
- (c) a charity or other organisation which runs or controls one or more independent schools in the United Kingdom, but is not (and does not have a governing body or member of staff which/who is) in full membership of any one of the associations that are constituent members of the Independent Schools Council; or
- (d) a charity or other organisation which runs more than one independent school in the UK under different Department of Education registration numbers, all of which are separately constituted under their own governing document; or
- (e) any other school, charity or organisation which the Full Members elect pursuant to Article 6.4(b) on the recommendation of the Executive Committee.

All applicants must complete the relevant application form (copies of which are attached) and pay the relevant subscription (details of which are available from the Membership Manager ISBA). Applicants for Full and Associate Membership must be approved by the Board of ISBA. Depending upon timing of the application, Temporary Associate Membership will be granted pending the next Board meeting.

APPLICATION TO JOIN THE ISBA

PLEASE COMPLETE THE FOLLOWING IN BLOCK CAPITALS USING BLACK INK

Please note that it is the charity or organisation that runs your School that is the Applicant and becomes a Member of ISBA, and not the Bursar (or equivalent)

Type of Membership being applied for (tick as appropriate):

<input type="checkbox"/> Full
<input type="checkbox"/> Associate
<input type="checkbox"/> International Associate

Section 1 – The School

Name of Applicant (i.e. The charity or organisation that runs the School)		
Name of School		
Address of School		
	Postcode	
Telephone		
School Office e-mail address		
Accounts Department e-mail address		
Website		

To which of the ISC's Associations does the School belong? (Please check all that apply and indicate Full or Associate member where applicable)	Full		Associate	
	<input type="checkbox"/> AGBIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> GSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ISA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Full		Associate	
<input type="checkbox"/> SHMIS/SoH*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BSA*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SCIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WISC*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COBIS*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non Constituent Associations*				

Applicant School DfE Number		/	
Are any of the following part of the School? (Leave blank if non-applicable)	<input type="checkbox"/> Nursery		
	<input type="checkbox"/> Pre-Prep		
	<input type="checkbox"/> Prep		
	<input type="checkbox"/> Senior		
	<input type="checkbox"/> Sixth form		
	<input type="checkbox"/> Other (please specify) _____		
If YES , do they fall under the same School name and DfE number?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If NO , please list the School Name, Location and DfE Number below;			
School Name & Location	e.g. <i>Bluett School, Basingstoke</i>	DfE Number	<i>012 / 3456</i>
School Name & Location		DfE Number	/
School Name & Location		DfE Number	/
School Name & Location		DfE Number	/
School Name & Location		DfE Number	/
School Name & Location		DfE Number	/
Are you part of a school group?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES please provide the School Group Name			

Attendance	<input type="checkbox"/> Day only	<input type="checkbox"/> Day & Boarding	<input type="checkbox"/> Boarding only
Pupil gender	<input type="checkbox"/> Co-educational	<input type="checkbox"/> Boys only	<input type="checkbox"/> Girls only
Male age range	years old to	years old	
Female age range	years old to	years old	
Pupil numbers (Total pupil numbers declared in the ISC/DfE census in January of the subscription year)			

Religious Affiliation (Tick as appropriate)	<input type="checkbox"/> Non-denominational	<input type="checkbox"/> Hindu
	<input type="checkbox"/> Church of England	<input type="checkbox"/> Church of Scotland
	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Church of Wales
	<input type="checkbox"/> Jewish	<input type="checkbox"/> Quaker
	<input type="checkbox"/> Muslim	<input type="checkbox"/> Other (please specify) _____

Is your organisation or charity constituted under its own legal governing document?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your organisation a Company Limited by Guarantee?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please provide; The Company Name:	
The Company Registration Number:	
Is the Applicant a Registered Charity?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please provide; The Charity Name:	
The Charity Registration Number:	

Section 2 – The Bursar (or other authorised representative)

Please complete in respect of the person who will be your School's contact for ISBA.

Title (Tick as appropriate)	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Ms _____
Forename	
Preferred name (if applicable)	
Surname	
Qualifications/Post nominals	
Job title	
Direct telephone	
E-mail address (for communication, document distribution etc.)	
Month / Year became a Bursar (or equivalent)	/
Month / Year started in current appointment	/

Section 3 – Name of person responsible for or manager different from Bursar

Head		E-mail	
Chair of Governors		E-mail	

Section 4 – Subscription

If joining part way through the subscription year (1 Jan – 31 Dec), please contact the ISBA office.

Payment method (Tick as appropriate)	<input type="checkbox"/> BACS <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card <input type="checkbox"/> Cheque
Future payments will be paid via direct debit (A form will be sent to you for completion)	£ <input type="checkbox"/> YES <input type="checkbox"/> NO
Lloyds TSB	
Branch	Basingstoke
Account name	Independent Schools' Bursars Association
Sort code	30-90-53
Account number	36349068

Section 5 – Application

Schools can apply for either Full or Associate Membership

- Schools applying for Full Membership, please complete **Section A** below
- Schools applying for Associate Membership (including Overseas Associate), please complete **Section B** overleaf

A. Application for Full Membership

<p>The Applicant hereby applies for Full Membership of ISBA and confirms the information provided to support the application is correct.</p> <p>The Applicant agrees to be bound by the Articles of Association of ISBA and undertakes to contribute to the assets of ISBA, in the event of the same being wound up while it is a Full Member, or within one year after it ceases to be a Full Member, for payment of the debts and liabilities of ISBA contracted before it ceased to be a Full Member and of the costs charges and expenses of winding up and for the adjustment of the rights of the contributories among themselves, such amount as may be required not exceeding £10 (ten pounds).</p>			
Signed for and on behalf of the Applicant			
Full name (please print)			
Position		Date	

B. Application for Associate Membership (including Overseas Associate)

The Applicant hereby applies for Associate Membership of ISBA and confirms the information provided to support the application is correct.

The Applicant agrees to be bound by the Articles of Association of ISBA.

Signed for and on behalf of the Applicant			
Full name (please print)			
Position		Date	

How did you hear about ISBA?	<input type="checkbox"/> Direct mailing
	<input type="checkbox"/> Attending an ISBA event
	<input type="checkbox"/> ISBA publication
	<input type="checkbox"/> Recommended by _____

PLEASE RETURN TO The Membership Manager

Email clairecrow@theisba.org.uk

or;

Post Mrs Claire Crow
Membership Manager
ISBA
Bluett House
Unit 11-12 Manor Farm
Cliddesden, Basingstoke
Hampshire
RG25 2JB