



# Become a Group Member of IAgSA

## IAgSA Group Membership Application Form

**Do you employ farm secretaries in your business?**

**Do you want to keep them up to date with what is happening in  
Agriculture and with HMRC?**

**Become a Group Member of IAgSA.**



**Institute of Agricultural Secretaries and Administrators**  
East Haddon Lodge, East Haddon, Northamptonshire, NN6 8BU  
[iagsa@iagsa.co.uk](mailto:iagsa@iagsa.co.uk)

## **IAGSA GROUP MEMBERSHIP**

**Group Membership** is available to businesses that employ farm secretaries to undertake work for the company or its clients. Only employed staff can be part of the IAGSA Group Membership. Self Employed workers will need to undertake Individual IAGSA Membership.

There are three levels of Group Membership:

- **Level 1** for those employing 5 or fewer employees @£180 per year
- **Level 2** for those employing 6 – 20 employees @ £300 per year
- **Level 3** for those employing over 20 employees @ £500 per year.

### **Requirements:**

- The Nominated Primary Contact will be assessed for full membership following the same criteria as an Individual Member.
- The Nominated Primary Contact must complete IAGSA CPD.

### **Benefits:**

- Correspondence and Monthly Bulletins will be sent to the nominated primary contact plus any other named individuals detailed on the Group Membership application form.
- The Group will be sent an invitation to attend the IAGSA Conference or Regional Training Days at member rates. The number of people invited is limited to 2 people at Level 1, 4 people at Level 2 and 5 people at Level 3 Membership. (Any additional business representatives will be required to pay full non-member delegate rates) Through Group Membership the business will have access to ICB's AML supervision cover through IAGSA. The Primary Contact must be covered for Anti Money Laundering Supervision, with all known employees listed as per the regulations.
- The Group will be given access to Professional Indemnity Insurance through the IAGSA McClarrons Professional Indemnity Insurance Policy.



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## Group Member Application Form

### Company Details

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Company/Charity No: \_\_\_\_\_

Web address \_\_\_\_\_

Please state the address you would like the IAgSA Corporate Members Page to link to

Where did you hear about IAgSA? \_\_\_\_\_

### Nominated Primary Contact

Title Mr  Mrs  Miss  Ms  Other

First name \_\_\_\_\_ Surname \_\_\_\_\_

Company Position \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

We, (insert business name) ....., agree to the terms of IAgSA Group Membership as stipulated and would like to join IAgSA under the Group Membership Category (please TICK) :

**Level 1 at £180 per year**  (5 employees & under) **OR Level 2 at £300 per year**  (6 – 20 employees)

**OR Level 3 at £500 per year**  (over 20 employees)

Please list your company staff members on the next page.

### Payment:

**A bank transfer** can be made to **IAgSA: Account No. 82917698 Sort Code: 53-61-31** (ref: Corporate Co Name) **OR** Please make **cheques** payable to: **'The Institute of Agricultural Secretaries & Administrators'**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_

**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_

**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_

**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

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**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_

**Company Staff Member**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Email \_\_\_\_\_