



Association of Research Centres
in the Social Sciences

2007 Application Form

My Research Centre wishes to be considered for membership of ARCISS

Name of centre: _____

Address: _____

Website.www. _____

DIRECTOR

Name _____

Phone: _____

Fax: _____

email: _____

SENIOR ADMINISTRATOR

Name _____

Phone: _____

Fax: _____

Email: _____

Number of Full Time Equivalent (FTE) centre staff: _____

I enclose a cheque payable to ARCISS for (delete as applicable):

£117 (5-20 FTE) / **£230** (21-30 FTE) / **£290** (31-40 FTE) / **£350** (41+ FTE)

Please invoice me for the 2007 subscription

I also enclose a copy of our latest Annual Report or recent brochure.

Signature _____ Name (please print) _____

Date _____ Phone No. (in case of query) _____

Please send the completed form and enclosures to:

Dorothy Williams
ARCISS Administrator
c/o SRA, 24-32 Stephenson Way
London, NW1 2HX