

|                 |  |           |  |
|-----------------|--|-----------|--|
| Name of Centre: |  |           |  |
| Postal Address: |  |           |  |
|                 |  | Postcode: |  |

|  |  |             |  |
|--|--|-------------|--|
| Relating to the Person with responsibility for Centre Staff CPD, who is approving this Application and who will annually confirm the Names of the Staff for whom it applies? |  |             |  |
| Name (please print):   |  |             |  |
| Position:  |  | Contact No: |  |
| Email Address:   |  |             |  |

|  |   |             |  |
|--|---|-------------|--|
| Relating to the Centre's Finance Department and payment of the Annual Subscription |   |             |  |
| Details of Purchase Order No.<br>(which APCT should quote on their Invoice)        |   |             |  |
| Name of Person to whom Invoices should be sent:<br>(please print):                 |   | Contact No: |  |
| Email Address:   |   |             |  |
| Postal Address:  |   |             |  |
| APCT's Barclays Bank Account Details for BACS payments                             | Sort Code: 20-08-44    Account No: 53088502 |             |  |

|   |  |
|---|--|
| <p>Each Centre is allowed up to THREE Members of Staff to be included for the single Centre Membership Subscription; should a Centre have more than three members of staff, double or triple Centre Membership will apply accompanied by the appropriate multiple subscription.</p> <p>Please list below the names of your Staff covered by this application.<br/><b>(Each person must have completed a Full / Affiliated Membership Application Form, which must accompany this application form, together with their copy certificates)</b></p> |  |
| Centre Staff Member 1   |  |
| Centre Staff Member 2   |  |
| Centre Staff Member 3   |  |

Continued overleaf ...

How did you hear about the APCT? \_\_\_\_\_

**AGREEMENT**

- We, as a Centre, will encourage our Painting & Decorating Staff Members to become active APCT members.
- We agree to pay the appropriate annual subscription on their behalf.
- We will also encourage them to attend Members' Meetings as Continuous Professional Development and the Association's Annual General Meeting.

Signature of Person with responsibility for Centre Staff CPD (as detailed overleaf):

\_\_\_\_\_ Date: \_\_\_\_\_

Please Note:

This application will *not* be processed if it is not fully completed and sent with all the documents and remittance detailed below.

**Please submit this Application to:**

Peter Walters MBE. APCT Treasurer

Phone: 07798795052. E-mail: walters317@btinternet.com

Enclosures –

- this Centre Application Form
- individual Application Forms for Full / Affiliated Membership for Centre Staff Members listed overleaf.
- copy certificates for all qualifications of the Centre Staff Members listed.
- confirmation of BACS Transfer for annual subscription being paid, £225.00.

✓ *Thank you, we welcome your interest and look forward to your support.*

FOR OFFICE USE:

|                            |  |  |  |
|----------------------------|--|--|--|
| Date Received:             |  | Date circulated to Management Committee: |  |
| Date Application Approved: |  | Membership No:                           |  |