

**APPLICATION FOR  
CORPORATE MEMBERSHIP**

Name of Company:			
Postal Address:			Postcode:

Relating to the Person with responsibility for approving this Application, and who will annually confirm the Names of the Company Representative(s) who will work with APCT

Name (please print):			
Position:		Contact No:	
Email Address:			

Relating to the Company's Finance Department and payment of the Annual Subscription

Details of Purchase Order No. (which APCT should quote on their Invoice)			
Name of Person to whom Invoices should be sent: (please print):		Contact No:	
Email Address:			
Postal Address: (if different from that above)			
APCT's Barclays Bank Account Details (for BACS payments)	Sort Code: 20-08-44    Account No: 53088502		

Our company representative who will work with APCT is –

Name:		Job Title:	
Email Address:		Contact No:	

Briefly state your Company's reasons for wanting to join our Association, what you feel you could contribute to the Organisation and how our organisations will work together.

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

**AGREEMENT**

The Company hereby agrees to –

- abide by the rules of the Association and make every effort to send a representative to the Annual General Meeting
- encourage our Representative(s) to work actively with the APCT
- the APCT electronically holding the details given above, for the sole use of the APCT
- pay the appropriate annual subscription, renewable annually on 1<sup>st</sup> January (invoice will be sent)

Should we wish to resign our membership at any time, we agree to notify the Treasurer / Membership Secretary in writing of our intent and enclose a remittance to cover any monies due at that time.

Signature of Person with responsibility for this Application:

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

**Please submit this Application to:**

Peter Walters MBE, APCT Treasurer

Email: walters317@btinternet.com

Mobile: 07798795052

Enclosures –

- this Corporate Membership Application Form
- confirmation of BACS Transfer for the annual subscription being paid

✓ *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:	