

Application for FULL / AFFILIATED Membership (Delete as required)			
Full Name:			
Home Postal Address:	Postcode:		
Email Address:			
Home Tel. No:		Mobile No:	
Name of Main Centre / Employer:			
Address of Main Centre / Employer:	Postcode:		
Centre / Employer Tel.			
Title of Position Held: (Tick as appropriate)	Lecturer	Trainer	Instructor
Full Time / Part Time (Delete as required)	Technician	Other – please state:	

<b>Proposed</b> for Membership By (Must be a fully paid up Association Member)			
Proposer's Name:		Contact Number:	
Email address:			
<b>Seconded</b> for Membership By (Must be a fully paid up Association Member)			
Secunder's Name:		Contact Number:	
Email address:			

<b>Qualifications Held</b> – Please <b>send a copy</b> of the certificates for all the qualifications detailed below, (Tick as appropriate) <b>with this Application Form</b>			
City & Guilds Craft	City & Guilds Advanced Craft	NVQ Level 2	NVQ Level 3
Other relevant Craft qualifications (please state):			
<u>Teaching</u> qualifications: e.g. Cert. Ed; DTLLS, CTLLS			
<u>Assessment</u> qualifications: e.g. D32/33; A1; TAQA Units			
<u>Quality Assurance</u> qualifications (Internal/External) e.g. D34/35; V1/V2; TAQA Units			

Briefly state your reasons for wanting to join our Association, and what you feel you could contribute to the Organisation.

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

### AGREEMENT

I hereby agree to –

- abide by the rules of the Association
- make every effort to attend Members' Meetings and the Annual General Meeting
- APCT electronically holding my personal details, for the sole use of the APCT
- regularly pay my annual subscription,(currently £75.00) which becomes due on 1<sup>st</sup> January by either

Bankers' Standing Order  or Faster Payment direct transfer

(Tick the method of payment to be used)

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Please Note:

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

#### **Please submit this Application to:**

Peter Walters MBE. APCT Treasurer.

Mobile: 07798795052

Email: walters317@btinternet.com

Enclosures –

- This Application Form
- This year's annual subscription (see APCT Guidance Information for amount)  
Cheque or confirmation of a 'Faster Payment' direct transfer (Delete as applicable)  
(APCT Barclays Bank Details - Sort Code: 20-08-44 Account No: 53088502)
- Copy certificates for all qualifications detailed overleaf
- Completed Bankers Order form for future years' subscription (if not using the 'Faster Payment' direct transfer method)

#### FOR OFFICE USE:

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