



National Pest Technicians Association

NATIONAL PEST TECHNICIANS ASSOCIATION

INDIVIDUAL MEMBERSHIP APPLICATION FORM

**NPTA, NPTA House, 12 Farrington Way, Eastwood Link Office Park,
Eastwood, Nottingham NG16 3BF**

Tel: 01773 717716 Fax: 01773 714050

Email: office@npta.org.uk

Websites: www.npta.org.uk & www.pesttech.org.uk

EXPLANATORY NOTES TO APPLICATION FORM

PAGE 2 MUST BE FULLY COMPLETED BY ALL INDIVIDUALS.

The accompanying membership information pack gives full and detailed information regarding the Association. Please be aware that although every effort will be made to process your application for membership quickly, it may take up to 3-4 weeks.

INDIVIDUAL MEMBERS GUIDANCE NOTES:-

- **Individual Members are not entitled to use the NPTA logo for any purpose whatsoever.**
- Individual members are required to submit copies of training certificates obtained.
- Please state on the application form if you wish your employer to be invoiced for your membership at the time of renewal.
- Members shall agree to abide by the Association's constitution and all that is contained therein.

UPON ACCEPTANCE OF MEMBERSHIP:-

- Members shall receive their membership card and various promotional items.
- Members shall be added to the Association's database.
- Members shall be entitled to:-
 - Reduced advertising rates in 'Today's Technician'.
 - Preferential exhibiting rates at our Annual PEST TECH Exhibition.
 - Legal advice from the Association's Solicitor.
 - Discounts on training courses.
 - Information/Advice from the Association's advisors.

MEMBERSHIP SUBSCRIPTIONS:-

The NPTA Membership year runs from 1st April 2015 until 31st March 2016.

Your subscription is based on the information provided. It is important that you apply for the correct category of membership and notify the Association of any changes to your employment status, as failure to do so could result in backdated fees becoming applicable and/or expulsion from the Association. It may also lead to legal action being taken against you.

Please highlight the appropriate box and return together with a completed membership form, copies of training certificates and either a cheque for the required amount or a completed direct debit form.

Cheques should be made payable to 'NPTA Ltd'.

MEMBERSHIP APPLICATION FORM FOR AN INDIVIDUAL MEMBER

(Please print clearly)

Name (including first names)(Mr/Mrs/Miss/Ms)

Address

.....

.....Postal Code

Telephone Number (including STD code)

Mobile Email Address

Details of formal training &/or qualifications

.....

PLEASE SUBMIT COPIES OF TRAINING CERTIFICATES

Employer's Name and Address

.....

.....Postal Code

Employer's Telephone Number (including STD code)

Do you agree to your Membership details being held on an electronic data base YES*/NO*

Do you agree to your details being passed on to a third party for promotional purposes YES*/NO*

*PLEASE DELETE AS APPROPRIATE

THIS FORM IS SOLELY FOR INDIVIDUAL MEMBERSHIP AND THIS CATEGORY IS ONLY OPEN TO INDIVIDUAL PEST CONTROL TECHNICIANS EMPLOYED WITHIN THE INDUSTRY (IN RECEIPT OF A WAGE/SALARY) AND OTHER INTERESTED PERSONS. Please note that Individual Members may not use the Association logo for any purpose whatsoever.

**I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT.
I UNDERSTAND THAT MY APPLICATION WILL BE REJECTED / MEMBERSHIP TERMINATED IF I GIVE ANY INFORMATION THAT I KNOW TO BE FALSE OR I WITHOLD ANY OTHER RELEVANT INFORMATION.**

Signature Position held

Date form completed *For official use only*

Month in which you are applying for Membership →	April / May / June	July / August / Sept	Oct / Nov / Dec	Jan / Feb / March
Subscription Fee →	£64.00	£48.00	£32.00	£16.00
Direct Debit Fee →	£60.80	£45.60	£30.40	£15.20

All fees are inclusive of VAT and this has been applied at the rate of 20%.

To the Board of Directors of the **NPTA Limited** (“the Association”)

Please delete where applicable.

[I/We] of [] (Company Name)

Of [] (address)

hereby apply(ies) to be admitted as a Full Member of NPTA Limited and agree(s) to be bound by the provisions of its memorandum and articles of association.

Corporate and joint applicants only:

[I/We] of [] (Company Name)

Appoint(s) [] to act as [my/our/its] representative at

general meetings of the Association.

Signature of or on behalf of applicant.