

Application Form for Membership



(Please use black ink or typewritten script and complete all sections in full.)

I. COMPANY INFORMATION

Organisation: _____

Primary Contact Details: _____

Forename: _____ Surname: _____

Title: _____ Designatory letters (if appropriate): _____

Full Postal Address: _____

_____ Postcode: _____ Country: _____

Telephone: _____ Mobile: _____

Fax: _____

Email: _____

Website: _____

Registered Office (if different from above): _____

_____ Postcode: _____

Company Registration no.: _____ VAT no.: _____

Annual turnover (£): _____

Brief Details of Company / Services (50 words max):

How did you hear about the BPA? _____

Direct Mail BPA Member Colleague BPA Event Parking News Web

Other (please specify) _____

2. PARKING NEWS

You may nominate two colleagues to receive additional free copies of Parking News

Name: _____

Address: (if different from above): _____

_____ Postcode: _____

Tel: _____ Fax: _____

Email: _____

Name: _____

Address: (if different from above): _____

_____ Postcode: _____

Tel: _____ Fax: _____

Email: _____

3. PAYMENT METHODS (SEE ENCLOSED MEMBERSHIP FEES)

It helps both the BPA and you to save money if you pay by Direct Debit. To set up a Direct Debit from your bank, please complete the form enclosed.

Membership classification applied for _____

I enclose payment for £ _____

Direct Debit (Preferred Method: Please complete attached form)

Cheque for £ _____ herewith enclosed

(Cheques should be made payable to: British Parking Association)

Credit Card – please charge my credit/debit card

The following card types are accepted, please tick as appropriate:

Visa JCB Mastercard Switch Delta (We regret we cannot accept any other card types.)

Card No.:

Valid from: _____ Valid to: _____

4. SUPPORTING STATEMENT BY PROPOSER / TRADING REFERENCES

Please ask a representative from a member organisation of the BPA to support your application along with one trading/client reference. If you do not have contact with BPA members, please supply two trading/credit references.

"I certify that the information given is, to the best of my knowledge, complete and correct and that the applicant organisation is worthy of election to membership of the British Parking Association."

Proposers Full Name: _____

Proposers Member Organisation: _____ Membership No: _____

Signature: _____

Telephone / Email: _____

TRADING / CLIENT REFERENCES

1. Name: _____

Organisation: _____ Tel: _____

Address _____

_____ Postcode: _____

2. Name: _____

Organisation: _____ Tel: _____

Address: _____

_____ Postcode: _____

5. DATA PROTECTION ACT 1998 (DPA)

The information you provide in this form is required in order to communicate with members and to fulfil the requirements of the BPA's Memorandum and Articles of Association. The BPA is required by the DPA to ensure that such data is accurate and up to date and you are requested to inform the Membership Secretary of any changes. It is also a requirement of the DPA that members resident outside the European Economic Area are informed that labels with their name and address may be sent to relevant local representatives in order to distribute information.

Please tick here if you **do not** wish to receive regional or electronic mailings

Please note we DO NOT sell our mailing list.

6. STATEMENT BY APPLICANT

I hereby apply for membership of the British Parking Association on behalf of my organisation and enclose the fees as listed above. I declare that the information I have given is complete and correct. I agree to abide by the Memorandum and Articles of Association and Code of Professional Conduct of the BPA and to promote its objectives to the best of my ability.

Applications from organisations involved in Enforcement on Private Land that wish to become a member of the Approved Operator Scheme (delete paragraph below if not applicable):

Additionally, I hereby confirm that (company name) _____ wishes to apply to become a member of the Approved Operator Scheme. I confirm that I have read and understood the BPA Codes of Practice Part 1 and 2 for enforcement on private land and will ensure that the company complies with these Codes of Practice. I also confirm that the appropriate additional subscription will be payable.

I can confirm that we have registered and licensed our employees with the SIA for clamping services.

Signed: _____ Position: _____

Date: _____ Company: _____