

CVPA MEMBERSHIP APPLICATION FORM

Please complete this form and post to: CVPA, 105 St Peter's Street, St Albans, Herts AL1 3EJ

COMPANY NAME:		
REGISTERED ADDRESS:		
POSTCODE:		
REGISTERED COMPANY NUMBER:	VAT STATUS (e.g. Exempt):	
VAT NUMBER:	COUNTRY:	
TEL:	FAX:	WEBSITE:
PRIMARY CONTACT DETAILS (please print)		
Title: First Name: Surname: Job Title: Address if different to above: Postcode: E-mail: Work Phone: Mobile: Fax:		

The above company wishes to apply for corporate membership of the CVPA for the period 1st January – 31st December (pro-rata).

- We have read and agree to abide by the current **CVPA Code of Practice**.
- We also agree to submit a copy of our last audited report and accounts, together with our application form.

The CVPA Approval Committee will review your application and confirm its decision to you. If your application is accepted, you will receive a letter confirming your acceptance and advising you of the membership fee payable. The fee must be paid within 28 days to commence your membership.

I request that an invoice covering the current membership subscription be sent to the person named above. N.B. Your subscription fee will be pro-rata depending in which month of the membership year you apply. Membership renewals are due on 1st January at which time the full annual rate of £3,000 will apply.

SIGNATURE:..... NAME:..... DATE:.....