



application for affiliated membership

Part 1 Personal Details

Surname		Title	
First Name(s)			
Date of Birth			
Address			
Address			
Address			
Address			
Post code			
Company			
Address			
Address			
Address			
Post code			

Please indicate preferred mailing address for all future correspondence Home Work

Home Tel		Please indicate preferred contact telephone number	
Work Tel			
Mobile			
Home email		Please indicate preferred e-mail contact address	
Work email			

Please indicate your main profession or background (Please tick one option only)

Architect	Construction management	
Architectural technologist	Contractor	
Building surveyor	Developer	
Building services design	Planning/building control	
CDM co-ordination	Project management	
Civil engineering	Quantity surveyor	
Construction client	Specialist contractor	
Construction health & safety	Structural engineering	
Other (please complete):		

Please indicate your choice of APS regional group (Please tick one option only)

Scotland North	East Midlands	
Scotland East	East Anglia	
Scotland West	London	
Northern Ireland	South East England	
Northern England	South West England	
Yorkshire	South Central England	
North West England	Isle of Man	
Wales	Overseas	
Midlands		



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Part 2 Subscription Fee and Declaration

Subscription Fee

Subscription fee payment (For one year) (NON REFUNDABLE)	<input type="checkbox"/> £85.00
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Please charge the above amount to my Mastercard / Visa / Switch / Delta / Other _____ (Please specify)
(Please note we do not accept Amex)

Card No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Card details	<input type="text"/> Start date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
<input type="text"/> Expiry date		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
<input type="text"/> Issue No. (Switch only)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>														
<input type="text"/> Card Security Code		<input type="text"/> <input type="text"/> <input type="text"/>														

Cardholder billing details

Name	
Address	
Address	
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cardholder signature	

Now please sign the declaration below then return your application and payment to: membership@aps.org.uk

I declare that: <ul style="list-style-type: none"> The information provided is true and accurate; I will abide by APS Rules and Code of Conduct and undertake to contribute an amount not exceeding £1 to the Company's assets in the event of the dissolution or winding up of the Company in accordance with the Memorandum of Association of the Company; and I will accept that the decision on my application is based on the information provided by me and that the decision of the membership team is final. 			
Signature		Date	