



## RETIRED MEMBERSHIP DECLARATION FORM

The Association for Project Safety (APS) is a not-for-profit membership body for all working in, or with an interest in, construction health and safety risk management.

Application for Retired membership is welcomed from existing members who are no longer engaged or employed to undertake the roles of CDM, Designer, or Construction Safety Practitioner.

### Personal Details

|   |                |
|---|----------------|
| Surname:  | Membership No: |
| First Name(s):  | D o B:         |
| Address:  |                |
| Address:  |                |
| Address:  |                |
| Post Code:  |                |
| Telephone:  | Email:         |
| <p><b>Declaration:-</b></p> <p>I wish to become a Retired member of the Association for Project Safety. By signing this I confirm that I am no longer engaged or employed to undertake the roles of CDM, Designer, or Construction Safety Practitioner. This means that I confirm I am no longer in Practice, whether as a consultant, business or employee.</p> <p>I also agree to inform APS of any changes to my practice or work status in any of the above areas at any time should that occur.</p> <p>If my circumstances do not change then this declaration will last for a maximum of 12 months up to the point of my next renewal.</p> <p><b>Signed</b> ----- <b>Date</b> -----</p> <p><i>If APS becomes aware of work or practice activity we reserve the right to seek your confirmation of this declaration or to request you meet Registered member subscription and entry requirements. If the latter option is not taken up we then also reserve the right to withdraw your Retired member status and the benefits that are provided.</i></p> |                |
| <p><i>By signing the above I also declare that:<br/>The information provided is true and accurate and that I will abide by APS Articles &amp; Memorandum 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 Articles of the Association; and<br/>I will accept that the decision on my application by the APS Membership &amp; Registration Committee is based on the information provided by me and their decision is final.</i></p>   |                |