

ACT, 51 Moorgate, London EC2R 6BH, UK
Fax: +44 (0)20 7374 8744

APPLICATION FOR ACT CORPORATE MEMBERSHIP

BUSINESS DETAILS

Organisation name:

Primary Nominated Representative name:

Head Office address:

Postcode/Zip:

Country:

Switchboard Telephone Number:

Fax:

Email:

.....

DECLARATION AND SIGNATURE

By applying for Corporate Membership of the ACT, the organisation named above agrees to comply with, and ensure that its nominated representatives comply with the ACT's regulations, including the ACT Directory terms of use and the Ethical Code (available at www.treasurers.org/ethicalcode)

Signature:

Date:

Name (print):

Job Title:

TO BE COMPLETED BY THE PRIMARY NOMINATED CORPORATE REPRESENTATIVE

PERSONAL DETAILS

Surname: _____ Date of Birth (dd/mm/yyyy): _____

First Name(s): _____

Title (Mr, Ms, Mrs, Miss, Dr or Other) _____ Preferred First Name: _____

Designatory Letters (BA, BSc, ACA etc): _____

Please indicate your preferred mailing address: Business Home

.....
BUSINESS DETAILS

Job Title: _____

Work Address: _____

Postcode/Zip: _____ Country: _____

Direct Telephone: _____ Mobile (work): _____

Fax: _____ Email: _____

Main areas of responsibility: _____

Name & Title of person to whom you report: _____

.....
HOME DETAILS

Home Address: _____

Postcode/Zip: _____ Country: _____

Direct Telephone: _____ Mobile (personal): _____

Fax: _____ Email: _____

Please note, we cannot process your registration without a valid email address for your preferred mailing address.

.....
REGIONAL GROUPS

Corporate Representatives are invited to attend free ACT Regional Group events. Please select your preferred group(s) from the below – there is no limit on how many you can select.

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Ireland | <input type="checkbox"/> Scotland | <input type="checkbox"/> Yorkshire & North East |
| <input type="checkbox"/> London | <input type="checkbox"/> South West | <input type="checkbox"/> North West |
| <input type="checkbox"/> Midlands | <input type="checkbox"/> Thames Valley | <input type="checkbox"/> ACT Middle East Network |

ACT QUALIFICATIONS

Are you interested in enrolling on an ACT qualification? If yes, please tick:

Would you recommend the ACT qualifications to other members of your team? If yes, please tick:

If the answer to either of these questions is no, please state why:

Information on the ACT qualifications is available at <http://www.treasurers.org/qualifications>

The annual Corporate Representative fee will be waived for Representatives enrolling on an ACT qualification

THE ACT DIRECTORY

As a Corporate Representative your **business** details will be made available in the ACT Directory.

Tick here if you **do not wish to be included** in the Directory:

Tick here to **include** the following additional details: Mobile Home telephone Home email

TERMS & CONDITIONS

WE CANNOT ACCEPT YOUR APPLICATION FORM UNLESS YOU AGREE TO ABIDE BY THESE TERMS

The ACT Directory is published online, exclusively for the personal use of members, and the data contained must not be communicated to anyone who is not a member of the ACT. It should not be used for the purpose of marketing a member's personal business or that of his employer or used for any form of mass communication.

Misuse of the information contained within the Directory constitutes a breach of the ACT's Ethical Code and is likely to result in disciplinary investigation. The copyright in the Directory is reserved to the ACT. **By signing below you agree to abide by the Terms of Use of the ACT Directory**

I apply for election as a Corporate Representative to the ACT, subject to the Rules and Regulations of the ACT from time to time being in force. I confirm that I have not been convicted of an offence involving dishonesty or breach of the Companies Acts, Financial Services Act or similar statute. I am not subject to a bankruptcy order or had proceedings commenced against me, or had an adverse finding made against me by a professional body or by an official regulatory authority. *(If this confirmation cannot be given, please delete it and give details in a separate confidential letter addressed to the Member Services Executive).*

I agree that, if elected as a Corporate Representative, I will abide by the ACT's regulations and by the Ethical Code and other Rules from time to time made by the Council of the ACT.

Signature: _____

Date: _____

DATA PROTECTION

All or part of the information provided on this form will be used for administration of your membership, to keep you up-to-date with ACT activities as well as for entries in the ACT Directory.

TO BE COMPLETED BY ADDITIONAL NOMINATED CORPORATE REPRESENTATIVE
(Where further representatives are required, please copy and complete the next two pages as appropriate)

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Surname: _____ Date of Birth (dd/mm/yyyy): _____

First Name(s): _____

Title (Mr, Ms, Mrs, Miss, Dr or Other) _____ Preferred First Name: _____

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