

# Membership Application

On behalf of \_\_\_\_\_ (Organisation) I wish to apply for membership of PETA Limited and confirm that I am duly authorised to make this application.

**Group Membership** - In addition, I can confirm that this company is a parent organisation for those companies detailed on the attached 'Group Membership – Subsidiaries Application(s)'

### Organisation Details

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Website: \_\_\_\_\_  
 Financial Year From (Month) \_\_\_\_\_  
 No of Employees: \_\_\_\_\_  
 Company Registration Number: \_\_\_\_\_  
 Charity Registration Number: \_\_\_\_\_  
 Brief description of company activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Invoice Details

**Please tick if invoice company and address same as above**

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

### Purchase Orders

Your Purchase Order Number for this application is:  
 \_\_\_\_\_

### Reason for joining PETA:

- Take advantage of the discounts on courses
- Range of services offered
- To be part of a training organisation
- Professionalism and quality of training/services
- Networking with other Members
- Advisory services

How did you hear about us? \_\_\_\_\_

### Type of Organisation

- |                                 |                          |
|---------------------------------|--------------------------|
| A Association                   | <input type="checkbox"/> |
| B Charitable Trust              | <input type="checkbox"/> |
| C Educational Establishment     | <input type="checkbox"/> |
| D Government Department         | <input type="checkbox"/> |
| E Limited Company               | <input type="checkbox"/> |
| F Limited Liability Partnership | <input type="checkbox"/> |
| G Partnership                   | <input type="checkbox"/> |
| H Sole Trader                   | <input type="checkbox"/> |
| I Public Limited Company        | <input type="checkbox"/> |
| J Other – Please specify _____  |                          |

Please tick

Is the organisation part of a group? Tick if yes

### Business Classification Code (select one only)

- 01 Agriculture, Hunting and Forestry
- 02 Aviation, Construction and Servicing
- 03 Building and Construction
- 04 Building Maintenance and Cleaning Services
- 05 Computer Support and Software
- 06 Education and Training
- 07 Electricity, Gas and Water Supply
- 08 Employment Activities
- 09 Engineering Design and Construction – Plant/Processing
- 10 Finance and Insurance
- 11 Fishing
- 12 Government and Public Sector
- 13 Health Care, Medical and Community Services
- 14 Hotel, Catering and Leisure Activities
- 16 Legal and Professional
- 17 Manufacture of Electrical/Electronic/Optical Equipment
- 18 Manufacture of Metal Products
- 19 Manufacture of Non-Metallic Products
- 20 Manufacture of Chemicals and Chemical Products
- 21 Manufacture of Food Products, Beverages and Tobacco
- 22 Manufacture of Refined Petroleum Product and Nuclear Fuel
- 23 Manufacture not elsewhere Classified
- 24 Media, Communications and Telecommunications
- 25 Mining and Quarrying
- 26 Printing and Graphic Design
- 27 Real Estate, Renting and Business Activities
- 28 Retail and Wholesale
- 29 Transport, Shipping, Storage and Distribution
- 30 Travel, Tourism and Reservations

Please continue overleaf

Office Use Only			
Account Code	_____	SA Number	_____
Approved By	_____	Date	_____
Invoice Number	_____	Invoice Date	_____
Membership Year	_____		





**Application for Membership Cont'd...**

As part of your membership, a member representative must be allocated as the main point of contact within your business to manage the membership. This person will be required to ensure the information held is accurate and attend and vote at meetings, therefore this person must be able to make decisions on behalf of your organisation. In addition, to ensure you gain maximum benefit from your membership, the following is needed to enable us to work with key individuals across your business, therefore please complete all details of key staff with decision making responsibility in the areas identified below.

**Organisation Representatives**

**Member Representative (this is required and is the main contact for the PETA membership within your organisation)**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_ Job Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Chief Executive Officer (MD)**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Finance Director**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Training and Development**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Safety, Health and Environmental**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Quality Assurance**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**HR and Employment**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**ICT / IT**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Engineering**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Marketing**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Apprentice Recruitment/Work Experience**

Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Application Authorisation (I am duly authorised to make this application on behalf of the aforementioned organisation)**

I acknowledge that if our application is accepted the aforementioned organisation will become a part owner of PETA Limited and accordingly agree to abide by the Memorandum and Articles of Association and Membership Rules.

The information on this application will be stored on a database in the UK for the purposes of managing your membership, analysing business information/training trends and for the advertising, marketing and promotion of PETA services. We take your privacy seriously and will not share your information with third party organisations who are not working closely with PETA in the course of it's business.

Payment for membership must be made at the time of application, cheque payable to PETA Ltd or credit card payment accepted. Membership discounts and benefits will not apply until a successful application is confirmed and payment has been received in full.

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ (Actual signature please) Date: \_\_\_\_\_

Membership Fees (01/09/18 to 31/08/19)	Joining	Annual	Total (excl VAT)	Charities (excl VAT)
1-10 employees	£200.00	£62.00	£262.00	£235.80
11 – 60 employees	£200.00	£211.00	£411.00	£369.90
61 and over	£200.00	£401.00	£601.00	£540.90
Group Fee	£200.00	£613.00	£813.00	£731.70

Remember to add VAT at the prevailing rate and pay for both annual and joining fee

\* Please note the total shown includes the 10% discount available for registered charities. Please remember to add VAT at the prevailing rate.

Please return to: Membership Department, PETA Ltd, 1 Access Point, Northarbour Road, Portsmouth, Hants PO6 3TE. If you would like to speak to us call 023 9253 8700.



# Group Membership Subsidiaries Application Form

(Please use a new subsidiaries application form for each subsidiary)

As part of this application, I can confirm that \_\_\_\_\_ (Organisation)  
is part of the \_\_\_\_\_ (Parent Organisation)  
and I wish to apply for the benefits of membership of PETA Limited to be extended to this organisation.

## Additional Organisation Details

Address: \_\_\_\_\_ No of Employees: \_\_\_\_\_  
 \_\_\_\_\_ Company Registration Number: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_ Charity Registration Number: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Brief description of company activity: \_\_\_\_\_  
 Website: \_\_\_\_\_

## Invoice Address

Please tick if invoice company and address same as above

Company Name \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

As part of your membership, and to ensure you gain maximum benefit, the following is needed to enable us to work with key individuals across your business, therefore please complete all details of key staff with decision making responsibility in the areas identified below.

## Organisation Representatives

**Chief Executive Officer (MD)** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Finance Director** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Training and Development** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Safety, Health and Environmental** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Quality Assurance** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**HR and Employment** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**ICT / IT** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Engineering** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Marketing** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

**Apprentice Recruitment/Work Experience** Full Name: Mr / Mrs / Miss / Ms \_\_\_\_\_

E-mail Address \_\_\_\_\_ Job Title \_\_\_\_\_

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Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ (Actual signature please) Date: \_\_\_\_\_