

NATIONAL PEST TECHNICIAN'S ASSOCIATION

MEMBERSHIP APPLICATION FORM

**NPTA, NPTA House, Hall Lane, Kinoulton, Nottingham NG12 3EF.
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EXPLANATORY NOTES TO APPLICATION FORM

PAGES 3 – 5 MUST BE FULLY COMPLETED BY ALL SERVICING BUSINESSES INCLUDING THOSE WHO ARE SELF EMPLOYED OR SOLE TRADERS.

The accompanying membership information pack gives full and detailed information regarding the Association. Please be aware that although every effort will be made to process your application for membership quickly, it may take up to 3-4 weeks.

BUSINESS AND COMMERCIAL MEMBERS GUIDANCE NOTES:-

- **The NPTA logo is a registered trademark and is solely for the use of NPTA business and commercial members. ONLY membership within one of the three categories known as a Servicing Company/Local Authority, Company or Subscribing, are entitled to use the logo or imply membership of the Association and ONLY once their membership application has been accepted and all due fees are paid.**
- Pest Control Servicing Companies should carry Public Liability Insurance and those companies that employ persons should also carry Employers Liability Insurance. Where appropriate, Products Liability Insurance must also be carried.
- Pest Control Servicing Companies are required to submit copies of training certificates for all those carrying out pest control within that company.
- Members with two or more employees shall nominate one representative to receive all correspondence relating to the Association.
- Members shall agree to abide by the Association's constitution and all that is contained therein.
- Applicants wishing to join the **Approved Scheme** (known as NPTA Accreditation) are required to meet further certain strict criteria. This is first checked by the completion of a logbook and then a satisfactory on-site audit of the applicant's premises, vehicles and paperwork. Please also note that applicants wishing to become Approved Scheme members must remain continuous members of the Association for a period of three years.
Approved members are recognised by the major supermarket chains as being able to meet the criteria set out by them in order to carry out pest control duties for their suppliers.

UPON ACCEPTANCE OF MEMBERSHIP:-

- Members shall receive their certificate of membership, artwork for the NPTA logo for use on business stationery and various promotional items.
- Members shall be added to the Association's database.
- Members shall be entitled to:-
 - Reduced advertising rates in 'Today's Technician'.
 - Preferential exhibiting rates at our Annual PEST TECH Exhibition.
 - Preferential rates for insurance.
 - Legal advice from the Association's Solicitor.
 - Discounts on training courses.
 - Information/Advice from the Association's advisors.
- Subscribing Members will be acknowledged by the insertion of their company name on a regular basis in the Association's quarterly journal 'Today's Technician'.

MEMBERSHIP SUBSCRIPTIONS:-

The NPTA Membership year runs from 1st April 2006 until 31st March 2007.

Your subscription is based on the owner plus the number of technicians and managers/supervisors. It is important that you apply for the correct category of membership and notify the Association of any changes to staffing levels, as failure to do so could result in backdated fees becoming applicable and/or expulsion from the Association. It may also lead to legal action being taken against you.

Local Authorities must include a senior officer / manager as well as all of their pest control technicians when working out the appropriate category of membership.

Please highlight the appropriate box and return together with a completed membership form, a copy of your insurance certificate, copies of training certificates for all technicians carrying out pest control and either a cheque for the required amount or a completed direct debit form. *Cheques should be made payable to 'NPTA Ltd'.*

SUBSCRIPTION RATES

Month in which you are applying for Membership	Servicing Company - One Person (Self Employed/ Sole Trader)	Servicing Company or Local Authority Two People	Servicing Company or Local Authority Three-Four People	Servicing Company or Local Authority Five + People	Company Membership	Subscribing Membership (minimum fee)
April/May/June	£82.00	£140.00	£202.00	£260.00	£260.00	£482.00
July/August/Sept	£61.50	£105.00	£151.50	£195.00	£195.00	£361.50
Oct/Nov/Dec	£41.00	£70.00	£101.00	£130.00	£130.00	£241.00
Jan/Feb/March	£20.50	£35.00	£50.50	£65.00	£65.00	£120.50
Approved Scheme	£132.00	£224.00	£301.00	Price on application	Not applicable	Price on application

DIRECT DEBIT RATES

Month in which you are applying for Membership	Servicing Company - One Person (Self Employed/ Sole Trader)	Servicing Company or Local Authority Two People	Servicing Company or Local Authority Three-Four People	Servicing Company or Local Authority Five + People	Company Membership	Subscribing Membership (minimum fee)
April/May/June	£76.00	£130.00	£190.00	£243.00	£243.00	£452.00
July/August/Sept	£57.00	£97.50	£142.50	£182.25	£182.25	£339.00
Oct/Nov/Dec	£38.00	£65.00	£95.00	£121.50	£121.50	£226.00
Jan/Feb/March	£19.00	£32.50	£47.50	£60.75	£60.75	£113.00
Approved Scheme	£125.50	£214.00	£289.00	Price on application	Not applicable	Price on application

Please note that there is an additional £25 per year payable for each additional advertising name.

1. Name of Company / Business:.....

2. Registered Address:

..... Postal Code.....

Telephone Fax Mobile.....

E.Mail..... Website

VAT Registration Number (if applicable)

3. Do you or your Company conduct business from premises other than above: **YES/NO**
If YES please list details below with telephone numbers etc.:

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4. If you or your company **advertise** under any other name please list these below:-

.....

5. Do you wish the above names to be covered by NPTA membership? **YES/NO**
Please note that only business names registered with this Association are eligible to use the logo or imply membership.

6. If you or your company **trade** under any other name please list these below:-

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7. Do you wish the above names to be covered by NPTA membership? **YES/NO**
Please note that only business names registered with this Association are eligible to use the logo or imply membership. If you answered YES to question 7 please complete a separate membership form for each additional trading name.

8. Which category of membership are you applying for (*please tick*):

- Self-employed /Sole Trader business member?
- Servicing Company business member?
- Local Authority member?
- Manufacturing Company member?
- Subscribing business member?
- Approved Scheme business member?
- Other? (*Please specify*):

9. Main Contact:

Name Position

10. List all your areas of pest control e.g. Rats, Squirrels, Foxes, etc.

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11. Date trading commenced:

Month Year

Date pest control activities commenced, if different:

Month Year

12. Give names of Senior Officers e.g. Directors, etc:

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13. Have any Officers/Directors etc. been involved with or traded in any other business within the Public Health Pest Control / Pest Management Industry **YES/NO**

If YES, please give details:

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14. Have any Senior Officers/Directors been involved with any Business, which has resulted in bankruptcy or liquidation of the organisation? **YES/NO**

If YES, please give details:

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15. If you are a subsidiary, please give name and address of parent company:

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16. Do you undertake work other than Pest Control / Pest Management **YES/NO**

If YES, please give percentage details (e.g. 70% Drain Work, 30% Pest Control)

.....

17. Give total number of personnel (including management and administrative staff).....

17.1 How many Pest Control Technicians do you employ?

17.2 Name each Pest Control Technician and what formal relevant qualifications they have?
(Please give details e.g. RSPH Certificate in Pest Control, Specific Modules taken or equivalent)

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(continue on a separate sheet if necessary).

PLEASE ENCLOSE COPIES OF ALL TRAINING CERTIFICATES

17.3 How many of your Pest Control Technicians are registered with the Professional Pest Technician Registration Scheme (PPTRS)?

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18. Do you sub-contract any work to other companies? **YES/NO**
If **YES** are they all members of the NPTA? **YES/NO**

Please give Company names:

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PLEASE NOTE: A COPY OF YOUR CURRENT PUBLIC LIABILITY INSURANCE CERTIFICATE MUST ACCOMPANY THIS MEMBERSHIP APPLICATION

19. Name of Insurers

19.1 Name and Address of Brokers (if any):

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20. Has the company ever applied for membership of the NPTA before? **YES/NO**

21. Please supply any other relevant information which you consider may assist your application for membership of the Association.

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22. Do you agree to your Membership details being held on our electronic database? **YES/NO**

23. Do you agree to your details being passed on to a third party for promotional purposes? **YES/NO**

24. Do you agree to us contacting your insurance broker to obtain details of your insurance at the renewal date? **YES/NO**

I DECLARE, ON BEHALF OF THE COMPANY, THAT SHOULD WE GAIN MEMBERSHIP OF THE NATIONAL PEST TECHNICIANS ASSOCIATION WE WILL COMPLY WITH THEIR RULES AND REGULATIONS, THEIR CODES OF PRACTICE AND CONDUCT AND WILL ABIDE BY THE DECISIONS OF THE EXECUTIVE BOARD THAT MAY BE MADE FROM TIME TO TIME IN PURSUANCE THEREOF.

I DECLARE THAT THE INFORMATION GIVEN ON THIS APPLICATION IS CORRECT.

I UNDERSTAND THAT MY APPLICATION WILL BE REJECTED / MEMBERSHIP TERMINATED IF I GIVE ANY INFORMATION THAT I KNOW TO BE FALSE OR I WITHHOLD ANY OTHER RELEVANT INFORMATION.

Name (BLOCK CAPITALS):

Authorised signatory:

Position in Company: Date:

To the Board of Directors of the **NPTA Limited** (“the Association”)

Please delete where applicable.

[I/We] of [] (Company name)

of [] (address)

hereby apply(ies) to be admitted as a Full member of NPTA Limited and agree(s) to be bound by the provisions of its memorandum and articles of association.

Corporate and joint applicants only:

[I/ We] of [](Company name)

appoint(s) [] to act as [my/ our/ its] representative at

general meetings of the Association.

Signature of or on behalf of applicant.