



MEMBERSHIP APPLICATION FORM

All information supplied by the applicant will be held in strict confidence and will be used solely to determine and analyse membership qualification and to analyse the membership structure.

PLEASE WRITE CLEARLY IN BLOCK CAPITALS

Company Details

Company Name

Address
Post Code:

Nature of Business*
**please give a brief description*

Type of Company*
**Ltd, Partnership or Sole Trader*

Name of Director/Partner

Name of Director/Partner*
**if more than 2, please list on separate sheet*

Year Incorporated / Established

Company Registration Number

VAT Registered Company Yes No

If yes, VAT Number

Website Address <http://>

Main Contact Details

Contact Name

Telephone Number Fax

Main Contact Email

Secondary Contact Details

Contact Name

Telephone Number Fax

Contact Email

Member Categories

Please indicate which Membership category you wish to register for by ticking where appropriate, supplying supplementary information if requested. Should you require more than one category, you will be charged an extra £100 for each category selected.

- | | | | |
|---------------------------|--------------------------|---------------------|--------------------------|
| Catering | <input type="checkbox"/> | Lighting & Audio | <input type="checkbox"/> |
| Entertainment | <input type="checkbox"/> | Mandaps & Stages | <input type="checkbox"/> |
| Event Décor | <input type="checkbox"/> | Marquee Hire | <input type="checkbox"/> |
| Event Insurance | <input type="checkbox"/> | Photographer | <input type="checkbox"/> |
| Event Organiser / Planner | <input type="checkbox"/> | Priests | <input type="checkbox"/> |
| Fashion & Jewellery | <input type="checkbox"/> | Publishers / Media | <input type="checkbox"/> |
| Financial & Legal | <input type="checkbox"/> | Translation Service | <input type="checkbox"/> |
| Hair & Make Up | <input type="checkbox"/> | Travel & Transport | <input type="checkbox"/> |
| Health & Wellbeing | <input type="checkbox"/> | Video | <input type="checkbox"/> |

If other please specify

Wedding Venue If ticked, please also complete the following

Maximum Capacity

Civil Licence

Grade of Membership

- | | | | | | |
|-----------|--------------------------|-------------|--------|--------------------------|-------------|
| Affiliate | <input type="checkbox"/> | £200.00 P.A | Silver | <input type="checkbox"/> | £495.00 P.A |
| Bronze | <input type="checkbox"/> | £495.00 P.A | Gold | <input type="checkbox"/> | £495.00 P.A |

References

If applying for **Affiliate** membership you must give details of an existing ACAWS member who has agreed to sponsor your application

ACAWS Member

Supporting Documents

tick boxes to indicate documents attached

A copy of the Company's Certificate of Public Liability Insurance

A copy of the Company's Certificate of Incorporation

Copies of client / customer references in the past 12 month - 2 for Bronze, 5 for Silver and 10 for Gold

PLEASE NOTE: Additional documents / Information may be requested for certain business types

Declaration

I/we confirm that the company named above does satisfy the eligibility requirements for the above selected grade of membership and the individual/s named above agree to uphold the aims and objects of the Association and to abide to its code of conduct.

I/we also affirm that the above details are correct to the best of my/our knowledge and by signing this form agree to be bound by the Associations code of conduct.

Name

Signed

Date

PLEASE SEND COMPLETED FORM TO:-

BY POST: ACAWS LTD, 2nd Floor, 145 - 157 St John Street, London, EC1V 4PY

BY EMAIL: membership@acaws.com

BY FAX: 0870 471 9472

If your application for membership is accepted, an invoice will be sent. Upon receipt of payment, a welcome pack is despatched and work starts immediately on helping you get the most out of your membership with ACAWS.