

STRICTLY CONFIDENTIAL

MEMBERSHIP APPLICATION FORM



NPTA

tomorrow's association
for today's technician

EXPLANATORY NOTES TO APPLICATION FORM

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 four 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 must carry Public Liability Insurance and those companies that employ persons must 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. If no training is submitted, membership will be as a probationary member until such time as the necessary training has been completed. Probationary members are not allowed to use the logo.
- The company name submitted on this membership form is the only name that may use the NPTA membership or logo. If members require the use of the logo on other company names or company websites these must be registered with the NPTA and the relevant fee paid (currently £25.00 + VAT per additional company name).
- 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 with more than 10 employees or those 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 an application form 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.

MEMBERSHIP SUBSCRIPTIONS:-

The NPTA Membership year runs from:
1st April 2017 until 31st March 2018.

Your subscription is based on the owner(s) and/or Director(s) 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 their pest control technicians when working out the appropriate category of membership.

Please highlight the appropriate boxes 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,
- A signed copy of the Stewardship Regimine agreement,
- Either a cheque for the required amount or a completed direct debit form.
Cheques should be made payable to 'NPTA Ltd'.

Applicants joining during the membership year will be charged a pro-rata fee.

Please tick which category of membership you wish to apply for and the type of company you are:-

Category of Membership	Please Tick
Servicing Company	
Local Authority	
Company – Manufacturer/Distributor	
Subscribing	
Probationary	

Type of Company	Please Tick
Sole Trader	
Partnership	
Private Limited Company	
Public Limited Company	
Other (please specify):	

Company Details	
Name of Company:	
Company Registration Number (if applicable):	
Registered Address (including Post Code):	
Telephone Number:	Fax Number:
Mobile Number:	
Company Email:	
Company Website:	

Operational Address / Correspondence Address (if different from above)
Address:
Post Code:

If your application is successful you will be authorised to claim membership of the NPTA and use the NPTA logo in relation to the above named company ONLY. If you wish other related businesses or trading names to be covered by membership, please provide details over the page, including other addresses where relevant. There is a charge of £25 + VAT per additional trading name.

Additional Trading Details

Name of Company:

Address:

Post Code:

Company Website:

Additional Trading Details

Name of Company:

Address:

Post Code:

Company Website:

Additional Trading Details

Name of Company:

Address:

Post Code:

Company Website:

Additional Trading Details

Name of Company:

Address:

Post Code:

Company Website:

Please continue on a separate sheet if necessary.

Please note that only business names registered with this Association are eligible to use the logo or imply membership.

Primary Contact

Name:

Position in Company:

Direct Dial:

Mobile:

Direct Email:

Please Provide Details of Additional Person Authorised to Amend Contact Details on Behalf of the Company:

Name:

Position in Company:

Direct Dial:

Mobile:

Direct Email:

Trading Details

When did the business commence trading in pest control? Month:

Year:

Does your business operate from more than one location?

YES / NO

If yes, how many branches do you operate?

Please provide details of all your branches for inclusion on the consumer search facility on our website:-

Has the company ever applied for membership of NPTA before?

YES / NO

Have any officers/directors been involved with or traded in any other business within the Public Health Pest Control / Pest Management Industry?

YES / NO

Do you sub-contract work to any other company?

YES / NO

If yes, please list the companies and indicate whether they are members of the NPTA:

Please Indicate Your Areas of Pest Control e.g. Rats, Squirrels, etc:

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Does Your Company Undertake Any Business Other than Pest Control? Please List:

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TRAINING & QUALIFICATIONS

It is a requirement of membership that all employees involved in the eradication and control of pest species must hold relevant training.

Members must provide an annual return of training and qualifications for employees involved in pest management and inform the NPTA office of any changes of staff made during the membership year.

Total number of personnel (including management and administrative staff)	
How many carry out pest control?	
Please state the name of the person in direct charge of pest control operations:	
Please state the names of all personnel that are involved in the eradication and control of pest species. Please also give their BASIS Prompt number if applicable:	

Please continue on a separate sheet if necessary.

PLEASE ENCLOSE COPIES OF ALL TRAINING CERTIFICATES

INSURANCE

It is a requirement of membership that a minimum of £2m Public Liability Insurance is held.

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

Name of Insurer:
Name and address of Brokers (if applicable)
Telephone:
Email:

DECLARATIONS

Have any Senior Officers / Directors been involved with any Business, which has resulted in bankruptcy or liquidation of the organisation?	YES / NO
Please provide details of any enforcement notices issued on you or your business by the HSE or Local Authority in the last three years. Please note having a prosecution or notice will not exclude your business from registration although a failure to declare may. If you have prosecutions or notices to tell us about, please provide details of any corrective action taken or proposed to address them:	
Do you agree to your membership details being held on our electronic database?	YES / NO
Do you agree to your details being passed on to a third party for promotional purposes?	YES / NO
Do you agree to us contacting your insurance broker to obtain details of your renewal?	YES / NO
Do you agree to comply with the NPTA Codes of Practice?	YES / NO
Do you agree to comply with the NPTA Code of Conduct?*	YES / NO
Do you agree to comply with the NPTA Articles of Association and Memorandum?*	YES / NO
Do you agree to completing an Annual Return before the start of each membership year?	YES / NO

* These documents are available in the Members area of the NPTA website, however, if you require sight of these ahead of acceptance then please contact the NPTA office by email office@npta.org.uk.

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.



Category	Subscription (net)	VAT (20%)	Subscription (gross)	Please Tick
Sole Trader	£117.50	£23.50	£141.00	
Servicing / Local Authority 2*	£201.67	£40.33	£242.00	
Servicing / Local Authority 3*	£290.83	£58.17	£349.00	
Servicing / Local Authority 4*	£346.67	£69.33	£416.00	
Servicing / Local Authority 5*	£377.50	£75.50	£453.00	
Servicing / Local Authority 6*	£413.33	£82.67	£496.00	
Servicing / Local Authority 7*	£445.83	£89.17	£535.00	
Servicing / Local Authority 8*	£490.00	£98.00	£588.00	
Servicing / Local Authority 9*	£530.00	£106.00	£636.00	
Servicing / Local Authority 10*	£565.83	£113.17	£679.00	
Company^	£377.50	£75.50	£453.00	
Subscribing^	£683.33	£136.67	£820.00	

Companies with more than 10 employees must apply for Accredited Membership.

* Includes Directors, Owners, Managers, Supervisors and Technicians.

^ Open to Manufacturers and Distributors of products.

Payment to be made by (please tick):-

Cheque (made payable to NPTA Ltd)	Fee as above	
Direct Debit (Full Amount)	5% discount on fee as above	
Direct Debit (Monthly)	5% charge on fee as above	
Debit Card	Fee as above	
Credit Card	3% charge on fee as above	

Applicants providing an Irish VAT number do not have to pay the VAT element of the subscription.

The information I have given in this application is truthful, complete and correct:

Name (Block Capitals): _____

Signature: _____

Position in Company: _____

Date of Application: _____