

MEMBERSHIP APPLICATION FORM 2019



Please note that any information provided may be used by the Committee to establish whether to accept the application for membership. The information will be treated with strictest confidence and in accordance with our Privacy Policy, which can be found online at alep.org.uk. The Committee reserves the right to request any additional information in relation to this application.

PLEASE COMPLETE IN CAPITALS.

YOUR DETAILS

Organisation name: _____

Name of primary contact: *Mr/Ms/Mrs/Other* _____

Position held in your organisation: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

Website: _____

Sector of operation: Solicitor Valuer Project Manager Other: _____

(Please circle). A Project Manager is an organisation that is neither solicitor nor valuer, but which facilitates leasehold enfranchisement activities as a coordinating third party.

Bodies of which you are personally a member: _____

Bodies of which your organisation is a member: _____

Contact details of other leasehold enfranchisement practitioners within your organisation to be added to the ALEP database for information on ALEP events and activities *(please use a separate sheet for additional names)*:

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

YOUR PEDIGREE

How long has your organisation operated in leasehold enfranchisement? _____ years.

Number of enfranchisement projects undertaken in previous 12 months: _____

(Please include completed and initiated projects involving collective enfranchisement, Right to Manage or lease extensions.)

On a separate single A4 sheet please provide brief details (no more than 200 words in total) of two successfully completed projects with which your organisation has been involved. Where we refer to 'block(s)' you may also read 'group of leasehold houses'. For each project you should state:

1. Name and postcode of block(s)
2. Approximate start and end date of project
3. Number of flats/houses in block

4. Nature of the transaction: lease extension, collective enfranchisement, Right to Manage, other (please specify)

YOUR REFERENCES

Please provide details of two clients from whom we may obtain references by telephone. Client referees are preferable, however, one referee may be a professional operating in the sector but must be drawn from outside your professional area of expertise (e.g. if you are a solicitor then you may not choose another solicitor). Please note that these references are for internal ALEP use only.

1. Name: _____ Client or Professional (please tick)

Telephone: _____ Address: _____

_____ Email: _____

Brief description of project: _____

2. Name: _____ Client or Professional (please tick)

Telephone: _____ Address: _____

_____ Email: _____

Brief description of project: _____

DECLARATION

I certify that the organisation I am applying on behalf of has carried out the level of work as stipulated by ALEP in its membership criteria (available on www.alep.org.uk) and is therefore qualified to make an application to join ALEP. I confirm that the statements contained in this application are true. **A partner, director or principal of your organisation must sign this declaration.**

Name (please print): _____ Date: _____

Signed on behalf of (organisation): _____

Signature: _____ Position: _____

Please return this application form and a copy of your Professional Indemnity Certificate to **ALEP, The Workshop, 32-40 Tontine Street, Folkestone, CT20 1JU.**

(Please tick method of payment.) I wish to pay by BACS

Cheque enclosed made payable to 'ALEP'
(£460 plus VAT = £552)

Cheques will only be processed once membership is accepted. If paying by BACS, we will inform you of the bank account details once your application has been approved.

If you require further information, please contact ALEP on telephone: 0845 225 2277 or email: info@alep.org.uk.