

ALEP Membership Renewal Form

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| Name of organisation: |
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| Main point of contact for ALEP within your organisation (name & contact details will be displayed on ALEP's website): |
| Name: |
| Email address: |
| Telephone number: |
| Please indicate the number of enfranchisement fee earners in your organisation (circle as appropriate): |
| 1 – 5 6 – 10 11 – 15 16+ |
| Please list their names and email addresses so that they can receive ALEP correspondence directly: |
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| Please confirm the number of lease extensions/freehold acquisition/RTM transactions undertaken in the last 12 months (estimate): |
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| We welcome any further feedback regarding ALEP: |
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Please ensure that you have included a copy of your latest Professional Indemnity Insurance Certificate.

Declaration (to be signed by a partner, director or principal of your organisation)

I certify that the organisation given at the top of this form still carries out the requisite level of enfranchisement work as stipulated by ALEP in its membership criteria (available on www.alep.org.uk) and is therefore qualified to continue its membership of ALEP.

Signed: Date:

Print name: Title: