MEMBERSHIP APPLICATION FORM



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/N	1s/Mrs/Other	
Position held in your organisation	n:	
Address:		
		_ Postcode:
Telephone:		Email:
Website:		
Sector of operation: Solicitor	Valuer Projec	ct Manager Other:
(Please circle). A Project Manager enfranchisement activities as a coc		hat is neither solicitor nor valuer, but which facilitates leasehold
Bodies of which you are person	ally a member:	
Bodies of which your organisation	on is a member: _	
		at practitioners within your organisation to be added to the and activities (please use a separate sheet for additional
Name:	Email:	
Name:	Email:	
Name:	Email:	
YOUR PEDIGREE		
How long has your organisation	operated in leasel	hold enfranchisement? years.
Number of enfranchisement pro	jects undertaken ir	n previous 12 months:
(Please include completed and initi extensions.)	ated projects involvi	ng collective enfranchisement, Right to Manage or lease

On a separate single A4 sheet please provide brief details (no more than 200 words <u>in total</u>) 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)

outside your professional area	of expertise (e.g. if you are a solicitor then you may not choose another 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:	
ALEP in its membership criter application to join ALEP. I con	am applying on behalf of has carried out the level of work as stipulated by ia (available on www.alep.org.uk) and is therefore qualified to make an firm that the statements contained in this application are true. A partner, rganisation must sign this declaration.
Name (please print):	Date:
Signed on behalf of (organisation	on):
Signature:	Position:
Please return this application (membership@alep.org.uk)	form and a copy of your <u>Professional Indemnity Certificate</u> via email
(Please tick method of payment.)	I wish to pay by BACS
	Cheque enclosed made payable to 'ALEP' (£498 plus VAT = £597.60)

Please provide details of two clients from whom we may obtain references by telephone. Client referees are

YOUR REFERENCES

contact ALEP via email info@alep.org.uk.

We will hold and process your personal information on our systems for the purposes of administration, customer service and marketing.

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