

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/Ms/Mrs/Other	
Position held in your organisation:	
Address:	
	Postcode:
Telephone:	Email:
Website:	
	Project Manager Other:
(Please tick). A Project Manager is an organi leasehold enfranchisement activities as a cod	sation that is neither solicitor nor valuer, but which facilitates ordinating third party.
Bodies of which you are personally a membe	r:
Bodies of which your organisation is a memb	er:
	ement practitioners within your organisation to be added to the nts and activities (please use a separate sheet for additional
Name: Email:	
Name: Email:	
Name: Email:	
YOUR PEDIGREE	
How long has your organisation operated in l	easehold enfranchisement? years.
Number of enfranchisement projects underta	ken 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 <u>by telephone</u>. 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:	
	Client or Professional (please tick
Telephone:	Address:
	Email:
Brief description of project:	



DECLARATION

I certify that the organisation on whose behalf I am applying for membership has carried out the level of work as stipulated by ALEP in its constitution (available here) and is therefore qualified to make an application to join ALEP. I confirm that the statements contained in this application are true.

I confirm that the organisation on whose behalf I am applying has read and will abide by ALEP's Articles of Association (available here) and its Constitution (available here).

I confirm as proposed member of ALEP (a Company Limited by guarantee) that if our application for membership is successful that we (the member) agree to contribute £1.00 in the event that the Company is wound up.

A partner, director or principal of your organisation must sign this declaration.			
Name (please print):	Date:		
Signed on behalf of (organisation	n):		
Signature:	Position:		
Please return this application (membership@alep.org.uk) (Please tick method of	form and a copy of your <u>Professional I</u>	ndemnity Certificate via email	
payment.)	I WISH to pay by BACS		
	Cheque enclosed made payable to 'ALEP' (£498 plus VAT = £597.60)		
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 via email info@alep.org.uk.