

OUR REF: .....

**CLIENT ASSOCIATE  
MEMBERSHIP  
APPLICATION**

**Applicant Details**

Contact Name .....

Business Trading Name

Business Address ...

Postcode ...

Email Address (main representative)

Company Email

Company Website

Telephone Number

Fax Number

Applicants core business activity \*

**\*\* Signed**

**Date**

**By (full name) ...**

**Position ...**

\* such as Loss Adjusting, Building Surveying, Risk Assessment etc

\*\* not required if you are e-mailing this form back