



# Membership Application Form

**1. Personal & Business Information (Please complete all relevant information clearly in block capitals)**

FIRST NAME																															
SURNAME																															
COMPANY or TRADING NAME																															
TRADING STATUS	Employee																														
	Sole Trader																														
	Partnership																														
	Ltd. Company	Is this a Personal Services Business [ Yes / No ] or do you employ staff [ Yes / No ]																													
	Other	<small>PLEASE STATE</small>																													
	Do you employ Energy Assessors	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No																											
	Do you sub-contract work to Energy Assessors	<input type="checkbox"/> Yes	or	<input type="checkbox"/> No																											
EMAIL ADDRESS																															
MOBILE PHONE NUMBER																															
LANDLINE PHONE NUMBER	<< Is this likely to be answered by family or coworkers? [HOME / OFFICE ]																														
HOUSE or BUILDING NAME																															
NUMBER & STREET																															
AREA																															
TOWN																															
POSTCODE											COUNTY																				

**2. Which Energy Assessment Qualifications (or Accreditations) do you hold? (please tick each that applies)**

GDA Domestic	<input type="checkbox"/>	GDA Commercial	<input type="checkbox"/>	GDAO Accreditation	<input type="checkbox"/>	GDP Accreditation	<input type="checkbox"/>
DEA	<input type="checkbox"/>	NDEA (Level 3)	<input type="checkbox"/>	Air Pressure (Level 3)	<input type="checkbox"/>	Asbestos Surveyor	<input type="checkbox"/>
HI	<input type="checkbox"/>	NDEA (Level 4)	<input type="checkbox"/>	Air Con (Level 3)	<input type="checkbox"/>	BREEAM	<input type="checkbox"/>
OCDEA	<input type="checkbox"/>	NDEA (Level 5)	<input type="checkbox"/>	Air Con (Level 4)	<input type="checkbox"/>	Other (Relevant) Qualifications	<input type="checkbox"/>
CSH	<input type="checkbox"/>	DEC	<input type="checkbox"/>	Thermal Imaging	<input type="checkbox"/>	<small>PLEASE STATE</small>	
Other services provided	<small>PLEASE STATE</small>						

**3. With which Accreditation Schemes are you accredited? (Please tick each that applies and give your accreditation number with each scheme)**

E'HURST	<input type="checkbox"/>	=	<input type="text"/>	ECMK	<input type="checkbox"/>	=	<input type="text"/>	STERLING	<input type="checkbox"/>	=	<input type="text"/>
STROMA	<input type="checkbox"/>	=	<input type="text"/>	QUIDOS	<input type="checkbox"/>	=	<input type="text"/>	OTHER	<input type="checkbox"/>	=	<input type="text"/>
<small>PLEASE STATE HERE IF YOU HAVE MULTIPLE REGISTRATIONS WITH ONE SCHEME</small>											

**4. Membership Details (The Membership year runs from May to April each year with part year membership charged pro rata)**

DATE OF APPLICATION  /  /

FEES DUE £       The Association annual membership fee has been set by membership vote at £66 p.a. (or £6 /month pro rata)

INVOICE - You will receive an invoice via email.

PAYMENT METHOD  by direct payment from your bank account.     Sort code: 60 04 05. A/C no: 85186570.     Use your surname as reference.

OR

by cheque.

Please make cheques payable to "Midland Energy Professionals" and write your name and company name on the reverse.

Please write below a brief personal statement about yourself as an Assessor. You should include:

- how long you have been qualified
- the type of work you do
- why you want to join MEP
- what you hope to contribute to MEP
- the name and contact details of a referee
- anything else you feel might be relevant

Please write your statement below:

**5. Membership Statement**

I have read and understood the Constitution of The Association of Midlands Energy Professionals and agree to be subject to said Constitution as a member of the Association and to uphold the principles of professional conduct and fair practice for which the Association stands. Further, I agree that my contact information and a summary of my qualifications and service offering may be shared with the membership of the Association as it sees fit and that the Association may confirm my accreditation(s) with the Accreditation Schemes with which I am registered.

(Signed).....	(Dated).....
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Please print and complete the application form both sides then scan and send by email to [membership@midlandseneryprofessionals.org](mailto:membership@midlandseneryprofessionals.org) or by post to.....

<b>ADMIN USE ONLY</b>	PAYMENT RECEIVED <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Treasurer <input type="text"/>	
	MEMBERSHIP STARTS FROM <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Secretary <input type="text"/>	
	MEMBERSHIP RUNS UNTIL <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	System <input type="text"/>	

**Membership Secretary**  
The Association of Midlands Energy Professionals  
Hay Tor, Pulley Lane  
SHREWSBURY  
SY3 OJH