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APPLICANT DETAILS Please use CAPITAL letters

Title:	Business name:
Forename:	Trading name:
Surname:	Address:
Position:	
Mobile:	County: Postcode:
Direct email:	Telephone:
	Company email:
	Website:

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BUSINESS DETAILS**Company Structure** (tick one)

Sole trader Partnership Limited company Company number:

Please provide Certificate of Incorporation

Garden Design Service(s)

Please tick the primary area of your design business:

Domestic Design Commercial Design

TrustMark Website Listing

Please tick to confirm your wish to be listed on the TrustMark website:

Professional Garden Designer

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FURTHER BUSINESS INFORMATIONTotal annual turnover (please provide proof*): Number of staff: Full-time Part-time: How long has the applicant owned/operated the business: Please tick to confirm that the business has completed 2 designs and that at least 1 has been built (if a Full SGD, Bali or LI member, you only need to provide 1 project and copy(s) of Membership Certificate(s)): New business start up: Yes No**Applicants Design Qualifications and/or experience:**

Associations/Memberships Please indicate what other accreditations and memberships you currently have:

Society of Garden Designers (Pre-Reg) Society of Garden Designers (Full) MBali Chartered LI

Others (please list):

4 REFERENCES

Please provide details of a landscape contractor you have worked with, and who the client project was built for. Tick to confirm you have obtained permission for us to contact them directly.

Landscape contractor _____

Email address: _____

Contract value: _____

5 SUPPORTING INFORMATION

Please give your reasons for wishing to join, together with any other information which you feel would be helpful in processing your application e.g. you are reapplying for membership after a period of absence.

As a membership organisation our Articles of Association require your application to be proposed and seconded. Please also give the name(s) of the APL or HTA member that you know personally who would be willing to recommend you for membership. If you are new to the industry/your area, or do not know of any members, please tick this box and we will assist you.

Proposer

Name: _____

Company: _____

HTA membership number: _____

Telephone: _____

Secunder

Name: _____

Company: _____

HTA membership number: _____

Telephone: _____

6 CONFIRMATION & DATA MANAGEMENT

I wish to apply for HTA and subsequent APL Garden Designer membership. I agree to conform to, and be bound by these Articles and any Rules or other regulations of the Association if adopted. I attach evidence of turnover*, e.g. a copy of our latest set of accounts or a validating letter from our accountant, a copy of our Certificate of Incorporation (for Limited companies) and a completed Direct Debit instruction (DDI).

Signature: _____

Date: _____

The HTA uses the details you have provided in this form for a number of purposes, including compliance with contract and legislation and in accordance with HTA's legitimate business interests. The HTA will use these details to communicate to you about your ongoing membership and to provide you with the weekly Member Update which is provided as part of your membership. It processes and administers your application and will use these details to communicate to you in regards to your ongoing membership. Consent will be sought for all communications that cannot be justified on any of these grounds. Full details of the personal information that is held and how we process it and your data subject rights can be found in the HTA's Privacy Policy which can be accessed at www.hta.org.uk.

CHECKLIST Please ensure you include the following documentation with your application:

- | | |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Evidence of turnover | <input type="checkbox"/> A Certificate of Incorporation (<i>applicable to Limited companies only</i>) |
| <input type="checkbox"/> Completed Direct Debit Instruction | <input type="checkbox"/> Two projects for assessment (<i>detail of what is required can be found on the enquiry email</i>) |