

APPLICATION FORM Manufacturers/Suppliers

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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)

<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited company <small>Please provide Certificate of Incorporation</small>	Company number: <input type="text"/>
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Please indicate the sectors you manufacture for and/or supply to:

<input type="checkbox"/> Grower	<input type="checkbox"/> Landscaper	<input type="checkbox"/> Retailer
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Please indicate the products you manufacture and/or supply:

<input type="checkbox"/> Aggregates	<input type="checkbox"/> Aquatics & pond equipment	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Clothing
<input type="checkbox"/> Fencing & decking	<input type="checkbox"/> Food & catering	<input type="checkbox"/> Garden buildings & structure	<input type="checkbox"/> Garden furniture & BBQ's
<input type="checkbox"/> Garden lighting	<input type="checkbox"/> Garden machinery	<input type="checkbox"/> Growing media, bark & mulches	<input type="checkbox"/> Garden ornaments & features
<input type="checkbox"/> Garden pots & containers	<input type="checkbox"/> Garden tools & equipment	<input type="checkbox"/> Giftware/christmas	<input type="checkbox"/> Hard landscaping products
<input type="checkbox"/> Irrigation products	<input type="checkbox"/> Pets & pet products	<input type="checkbox"/> Power tools	<input type="checkbox"/> Seeds & bulbs
<input type="checkbox"/> Wild bird care			

Others (please list): _____

I would be interested in receiving information about promotional opportunities ☐

I would be interested in receiving information about associate membership of the Association of Professional Landscapers (APL) ☐

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FURTHER BUSINESS INFORMATION

Total annual turnover (please provide proof*):

Number of staff: Full-time

Part-time:

How long has the applicant owned/operated the business:

New business start up: ☐ Yes

☐ No

I/We have recently purchased this business from an HTA member, who traded as:

Associations/Memberships

Please indicate what other accreditations and memberships you currently have:

☐ British Chamber of Commerce (BCC)

☐ Federation of Small Businesses (FSB)

☐ Garden Centre Association (GCA)

☐ Garden Industry Manufacturer Association (GIMA)

☐ Giftware Association (GA)

☐ Leisure and Outdoor Furniture Association (LOFA)

Others (please list):

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SUPPORTING INFORMATION

Please give your reasons for wishing to join, together with any other information you feel would be helpful in processing your application; for example if 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 give the name(s) of any HTA member that you know personally who would be willing to recommend you for HTA membership. If you are new to the industry/your area, or do not know of any HTA members, please tick this box and we will assist you. ☐

Proposer

Name:

Company:

HTA membership number:

Telephone:

Secunder

Name:

Company:

HTA membership number:

Telephone:

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CONFIRMATION & DATA MANAGEMENT

I wish to apply for HTA 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. It processes and administers your application and 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. 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.