

## APPLICATION FORM **Service Provider (Associate Membership)**

1

### APPLICANT DETAILS Please use CAPITAL letters

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

2

### BUSINESS DETAILS

#### Company Structure (tick one)

☐ Sole trader    ☐ Partnership    ☐ Limited company    Company number:

Please provide Certificate of Incorporation

#### Service Provider

Associate membership is open to companies or organisations providing professional or support services to the garden industry.  
Please provide details of the services provided (tick all that apply):

<input type="checkbox"/> Communication	<input type="checkbox"/> Consultation	<input type="checkbox"/> Design	<input type="checkbox"/> Energy	<input type="checkbox"/> Events	<input type="checkbox"/> Facilities management
<input type="checkbox"/> Financial	<input type="checkbox"/> Food	<input type="checkbox"/> Legal	<input type="checkbox"/> Personnel	<input type="checkbox"/> Training	

Others (please list):

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

3

### ASSOCIATIONS/MEMBERSHIPS

Please list what other accreditations and memberships you currently have:

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## 4

## 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.

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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: 

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Company: 

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HTA membership number: 

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Telephone: 

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**Secunder**Name: 

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Company: 

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HTA membership number: 

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Telephone: 

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## 5

## CONFIRMATION &amp; 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 a copy of our Certificate of Incorporation (for Limited companies) and a completed Direct Debit Instruction (DDI).

Signature: 

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Date: 

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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](http://www.hta.org.uk).