

## APPLICATION FOR STUDENT MEMBERSHIP

The Association of Professional Inventory Providers (APIP) aims to provide a service for either in-house or independent inventory providers by offering a recognised standard of inventory provision, provision of advice, guidance and opportunities for professional development.

**Taking the Accreditation Exam is a necessary condition for Student Membership. Student membership is available to persons who have not passed the exam or who don't have six months experience. The maximum period of student membership will be 24 months. The APIP logo cannot be used.**

Please complete this form in **BLOCK CAPITALS**

To ensure your application is processed as quickly as possible, please enclose all the relevant information in support of your application.

- Signed Application Form
- Payment Details
- **Proof of Professional Indemnity Insurance Cover & Public Liability Insurance Cover**

### **IMPORTANT\*\*\***

**Please note that a cheque or credit/debit card details MUST accompany this form.**

### PERSONAL DETAILS

Company Name & Address (all correspondence will be sent to this address unless otherwise stated):

Self Employed

Title (Mr, Mrs, Other): \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: ..... Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position/Status: \_\_\_\_\_ Date Appointed: \_\_\_\_\_

Total length of experience in inventory provision: \_\_\_\_\_

Previous Experience (Please provide details of your experience within inventory provision):  
\_\_\_\_\_

## Declaration and Certification

I hereby apply for membership of APIP, declare and certify that:

I authorise necessary enquiries to be made in connection with this application;

I accept the aims and objectives of the Association and support its endeavors to improve the profession of Inventory Providers;

I agree to be bound by the Association's Code of Practice and to complete the required hours of Continuing Professional Development. I also accept the NFOPP Memorandum and Articles of Association and agree to be bound by The NFOPP Disciplinary Procedure Regulations. (NFOPP's Rules of Conduct and Memorandum and Articles of Association can be found at:

[www.arla.co.uk](http://www.arla.co.uk)

I confirm that:-

For a period of 10 years prior to this Application I have had no conviction, nor disciplinary action taken against me by an employer, for any criminal offence (excluding any motoring offence not resulting in a custodial sentence) nor have I been guilty of conduct which would bring the Association or myself into disrepute; I am not an undischarged bankrupt nor is there any current arrangement or composition with my creditors; I am not nor have I been a director of a Company which has within the period 10 years prior to this application entered into liquidation whether compulsory or voluntary (save for the purpose of amalgamation or reconstruction of the solvent company) nor had a receiver appointed of its undertaking nor had an administration order made against it nor entered into an arrangement or composition with its creditors; nor have I at any time been disqualified from acting as a director of a company nor subject to a warning or banning order from the Office of Fair Trading or the Department of Business Enterprise and Regulatory Reform under the Estate Agents Act 1979.

If I am subject to any current claim or am aware of any impending claim for professional negligence or loss of money, or if I have been the subject of any investigation by an employer, partner or business associate, the Office of Fair Trading and/or local Trading Standards Office, full details of the circumstances are set out in a report enclosed with the application; all information provided by me in connection with this application is, to the best of my knowledge, correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Enclosed Documents

I confirm that the following are enclosed with this application:

Professional Indemnity Insurance

Public Liability Insurance Cover

Payment

### Membership Fees:

- One off payment for the new Members: £20
- Annual Fee: £60

## PAYMENT DETAILS

I enclose a cheque for £.....payable to APIP

I wish to pay by Credit/Debit Card

Type of card: Visa  MasterCard  Switch/Delta  Other( please state).....

Card Number:

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Valid Date:

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Expiry Date

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Security Code

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Card Holders Signature:.....

I authorise you to debit my Credit/Debit card with the amount of £.....

Please return to: **The Association of Professional Inventory Providers, Arbon House, 6 Tournament Court, Edgehill Drive, Warwick, CV34 6LG or fax it to: 01926 417789**

If you have any queries regarding your application please us on 01926 417363 or email [info@apip.org.uk](mailto:info@apip.org.uk)