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| Alliance of Construction NetworksMembership Application Form 2025 |
| MAIN APPLICANT |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Company:** |  | **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Webpage** |  | **No. Employees:** |  |
| SECTOR INTEREST |  |
| **Education** | Y/N | **Healthcare** | Y/N | **Residential** | Y/N |
| ABOUT YOUR ORGANISATION  |  |
| **Acoustics Consultant** |  | **Architect:** |  | **BREEAM Assessors** |  |
| **Building Control** |  | **Building Surveyors** |  | **Client Advisor** |  |
| **Cost Consultant** |  | **Educational Advisor** |  | **FFE Consultant** |  |
| **Fire Engineer** |  | **Landscape Architect** |  | **Legal Advisor** |  |
| **Main Contractor** |  | **Marketing/BD** |  | **Planner** |  |
| **Principal Designer** |  | **Project Manager** |  | **Services Engineer:** |  |
| **Structures & Civils** |  | **Sub-Contractor** |  | **Sustainability** |  |
| **Supplier** |  | **Technical Advisor** |  | **Other** |  |
| MEMBERS DETAILS – In addition to Name above who would like to be on the mailing list or future events (use separate sheet if required) |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Education** | Y/N | **Healthcare** | Y/N | **Residential** | Y/N |
|  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Education** | Y/N | **Healthcare** | Y/N | **Residential** | Y/N |
|  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
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| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Education** | Y/N | **Healthcare** | Y/N | **Residential** | Y/N |
|  |
| **Title:** |  | **First Name:** |  | **Surname:** |  |
| **Job Title:** |  |
| **Address:** |  |
| **Town/City:** |  | **County:** |  | **Postcode:**  |  |
| **Phone:** |  | **Mobile:** |  | **Email:** |  |
| **Education** | Y/N | **Healthcare** | Y/N | **Residential** | Y/N |
|  |
| **BOOKING DETAILS – Prices as of 1 December 2024** |
| **MEMBERSHIP TYPES** | **COST PER YEAR** |  |
| **Sole Practitioner** | £175 per Network (max. cost £495) | £  |
| **Organization** | £4950 |  £  |
| **Advance Event Purchase** |  |
| **Member** | £40 | £ |
| **Graduate** | £20 | £ |
| **10 for 9** | £360 | £ |
|  |   |
| **Subtotal** | £ |
| **VAT @ 20%** | £ |
| **TOTAL** | **£** |
| PAYMENT: UPON SUCCESSFUL PROCESS OF APPLICATION AN INVOICE WILL BE ISSUED TO THE PRIMARY APPLICANT |
| Signed  | Dated  |