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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Alliance of Construction Networks  Membership 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:** | |  | | | | | | | |
| **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 | |
|  | | | | | | | | | | | | | | | | | | |
| **BOOKING DETAILS – Prices as of 1 December 2024** | | | | | | | | | | | | | | | | | | |
| **MEMBERSHIP TYPES** | | | | | | | | **COST PER YEAR** | | | | | | | |  | | |
| **Sole Practitioner** | | | | | | | | £175 per Network (max. cost £495) | | | | | | | | £ | | |
| **Organization** | | | | | | | | £495  0 | | | | | | | | £ | | |
| **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 | | | | | | |