Membership Application Form

For information on membership or help completing this form:

www.ctauk.org | Telephone: 0161 351 1475 | E-mail: membership@ctauk.org

PLEASE COMPLETE IN BLOCK CAPITALS

Name of organisation:							
Address:							
			Postcode:	Postcode:			
Telephone:			Twitter handle:	Twitter handle:			
Main e-mail address:		Website address:					
(This e-mail address will be your usernam	e to login to the members' ar	rea of our website)					
etails of Main Contact (This perso	n will receive all member o	communications and v	vill be the main point of contact for	CTA)			
First Name:	Su	ırname:		Title:			
Job Role:			L				
Telephone:							
Main e-mail address:	-						
hat is the legal structure of you	r organisation? (Please	e add number wher	e applicable)				
Company Limited by Guarantee		Company Number:					
Registered Charity		Charity Number:	Charity Number:				
Community Interest Company		CIC Number:					
Private Limited Company		Company Number:	Company Number:				
ndustrial and Provident Society		IPS Number:					
Jnincorporated							
lone of the above							
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Please return your completed form to membership@ctauk.org or by post to CTA Membership Team, 12 Hilton Street, Manchester, M1 1JF

All information we collect is held in accordance with our privacy notice which you can find on our website: www.ctauk.org

Please indicate how yo	ou heard abou	ut CTA / Who recomm	ended CTA Membe	ership	
Please indicate your pr	eferred meth	nod of payment			
(Please skip this section	if your organis	sation is eligible for free	membership, see pr	evious page)	
Cheque	Payable to C	on the back and post it to us with this			
Credit/Debit Card	Please fill in				
Credit/Debit Card					
Visa		Valid from:	Month	Year	
MasterCard		Issue No.			
Switch/Maestro		Expiry Date:	Month	Year	
Delta		Security Code:		(this is the 3 digit code on the r	everse of your card)
Card Number:					
Cardholder Name:					
Cardholder Address:					
For CTA official use only					
CTA Number:					
Date received					
Slip					
Database					