



ATRA Membership Application

Office Use Only

Representative:

Member No:

Source of Lead:

Customer No:

Corporation - Registered Business Name

Trading Name:

Legal Entity (Full legal name of company/partnership/Sole Trader):

Company Registration No:

VAT Number:

Business location

Address:

Town:

County:

Postcode:

Email:

Website:

Tel:

Mobile:

Mailing Address (leave blank if the same as the business location address)

Address:

Town:

County:

Postcode:

Directors/Partners/Sole Traders (please specify)

Full Name: Mr Mrs Ms Miss

Email:

Mobile:

Director Partner Sole Trader

Full Name: Mr Mrs Ms Miss

Email:

Mobile:

Director Partner Sole Trader

Full Name: Mr Mrs Ms Miss

Email:

Mobile:

Director Partner Sole Trader

Additional Contacts

Full Name: Mr Mrs Ms Miss

Email: Mobile:

Position:

Full Name: Mr Mrs Ms Miss

Email: Mobile:

Position:

Full Name: Mr Mrs Ms Miss

Email: Mobile:

Position:

Employee Numbers

Full Time Part Time Apprentice Casual

Subscription Fees

Membership Fee: £ VAT: £ Total: £

Payment Method

Cheque (Annually) Credit Card (Annually) Direct Debit (Monthly) Direct Debit (Annually) Electronic Funds Transfer

EFT Receipt Number:

Customer Signature Date

Representative Signature Date

Credit Card Authorisation

Mastercard Visa

Credit Card Number:

Expiry Date: / CCV Signature

Email: europeanatra@gmail.com

For more information please contact the ATRA secretariat on +44 (0) 1323 848886