

Association Membership Form

Please complete this form and fax back to us on + 44 (0) 1449 770941 for us to action your application.

We hereby apply to become a Member of Association of Run-Off Companies Limited.

Company Name:

Type of membership – (please tick as appropriate)

- | | | |
|---|--------------------------|------------------|
| Full Member | <input type="checkbox"/> | } Voting members |
| or | | |
| Service Provider
<i>(see note 1 below)</i> | <input type="checkbox"/> | |
| or | | |
| Interested Party
<i>(10 or more staff)</i> | <input type="checkbox"/> | |
| or | | |
| Small Interested Party
<i>(less than 10 staff)</i> | <input type="checkbox"/> | |

Main Contact Details:

Contact person's name:

Position of contact:

Telephone no. Fax no.

Email address:

Please list below at least one additional contact but as many extra ones as you wish who will then receive regular information from ARC (please use an additional sheet if necessary);

Name:

E-mail Address:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Note 1 – If joining as a Service Provider Member please list your legacy clients for them to have access to ARC membership benefits as an Affiliate.