



Trade Affiliate Application Form

I/We wish to apply to become a Trade Affiliate of the British Healthcare Trades Association (BHTA). We understand that this does not imply BHTA's endorsement of the products and services offered.

APPLICANT DETAILS

These details will appear on the BHTA website, only include general details rather than personal ones.

Full name of Business: _____

Company Address: _____

Post Code: _____

Telephone: _____ Fax: _____

Email: _____

Website: _____

Nature of Business: _____

CONTACT DETAILS

Please give details of your contacts for the following:

	Name	Position	Email Address
MAIN CONTACT			
Day to Day Contact			
Human Resources			
Marketing/Sales			

ABOUT YOUR COMPANY

Total number of Employees:

Please provide details of your most recent company turnover: _____ Period Ending _____

BUSINESS ACTIVITY

Please provide a short outline of the products, services or information you provide:



TERMS & CONDITIONS

CRITERIA

A Trade Affiliate shall have as its primary business the provision of products, services or information sold or used by BHTA members. A Trade Affiliate shall not be an association of businesses nor shall it be eligible as a Trade Affiliate if the business qualifies for full BHTA membership.

A Trade Affiliate shall be a business which, in the opinion of the Association's Board of Directors, operates to a standard which shows professionalism and quality that benefits the Association.

CONDUCT

Trade Affiliates are expected to enhance relations with members of the Association and increase the perception and professionalism of the industry as a whole. Trade Affiliates must not bring the Association into disrepute or take action that would denigrate members of the Association. Trade Affiliates are entitled to use the BHTA Trade Affiliate logo as supplied, but must not misrepresent their affiliation with the Association nor make use of the BHTA logo or the initials BHTA.

APPLICATION PROCESSING

The application process may take up to 4 weeks from receipt of your completed application and subscription payment. We will advise you of the activation date of your affiliation. The Association's Board of Directors will have sole discretion in deciding whether to accept a business as a Trade Affiliate. The decision of the Board of Directors is final, and no further correspondence will be entered into.

SUBSCRIPTION

An annual subscription will be payable as determined from time to time by the Board of Directors. A direct debit form for future subscription renewal should be completed and returned with the application form, together with payment for the current subscription period. The affiliation period is one year from date of activation, continuing for a further year upon renewal. Our payment terms are full payment by return. Trade Affiliate status will cease if the subscription is not paid by the due date.

TERMINATION

The Association's Board of Directors will have sole discretion in deciding to terminate the participation of any company in the scheme. The decision of the Board of Directors is final, and no further correspondence will be entered into.

STATUS

Appointment as a Trade Affiliate does not create any form of legal relationship between the Association and the Trade Affiliate other than the rights and obligations set out above.

Signed: _____ Name (BLOCK CAPITALS): _____

Date: _____ Job Title: _____

Methods of payment

Trade Affiliation membership costs £1,200+VAT per annum. The affiliation period is one year from date of activation. The application may take up to 4 weeks to process. We will notify you of your activation date upon receipt of your application. All applications must be accompanied by full payment and/or a completed Direct Debit Instruction for subscription payments.

A cheque made payable to BHTA is attached

I wish to pay by Direct Debit

There is a 2% admin fee for payment by this method

(Please complete the sheet attached and return it with this form)

I wish to pay by credit / debit card – details as follows.

(Please note that we do not accept American Express)

**Have you
remembered to add
VAT to the figures
quoted?**

Please ensure ALL information is completed below (in capital letters)

Card Type: _____

Card Number: _____

Start Date: _____

Expiry Date: _____

Security Code: _____

(3 digits on back of card)

Issue No. _____

(Switch Cards only)

Signature: _____

Name: _____

(as it appears on the card)

Address to which card is registered: _____

Postcode: _____

This form should be returned to:

BHTA, New Loom House, Suite 4.06, 101 Back Church Lane, London E1 1LU

Tel: 020 7702 2141 Fax: 020 7680 4048 Email: bhta@bhta.com

