

BHTA Trade Affiliate Application Form



I/We wish to apply to become a Trade Affiliate membership of the British Healthcare Trades Association (BHTA). I/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

NATURE OF BUSINESS

COMPANY ADDRESS

(Please include postcode)

TELEPHONE

FAX

WEBSITE

EMAIL

NUMBER OF EMPLOYEES

RECENT TURNOVER

Contact details

Please give details of your contacts for the following people in your organisation, indicate Name/Position/Email address.

DAY TO DAY

HUMAN RESOURCES

MARKETING/SALES

Business activity

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

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Terms and 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)

JOB TITLE

DATE

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Trade Affiliation membership costs £1,240+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.

Please remember to add VAT to the figures quoted.

Please indicate your preferred payment method:

- Credit*/debit card payment** – Details as follows. (*excluding Amex)
- 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).
- By Cheque** – Made payable to “BHTA” and attach with a completed form.
- BACS** – Payments to HSBC (Fleet Street Branch), Account No: 60183229, Sort Code: 40-05-03. Send a remittance advice to susan.burberry@bhta.com, with the subject line “BHTA Trade Affiliate”. Please include your company name for identification.

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

CARD TYPE

CARD NUMBER

START DATE

END DATE

SECURITY CODE

(3 digits on back of card)

ISSUE NUMBER

(Switch Cards only)

NAME

(As it appears on the card)

ADDRESS

(To which card is registered)

SIGNED

Completed form

Please send completed forms to:

British Healthcare Trades Association

Suite 4.6 · 4th Floor · The Loom · 14 Gowers Walk · London · E1 8PY

T: 020 7702 2141 · **F:** 020 7680 4048 · **E:** bhta@bhta.com

www.bhta.com



Trade Affiliate

British Healthcare Trades Association



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

British Healthcare Trades Association
Suite 4.6 · 4th Floor
The Loom
14 Gowers Walk
London
E1 8PY

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager Bank/building society
Address

Postcode

Reference

Service user number

For BHTA official use only
This is not part of the instruction to your bank or building society.

Instruction to your Bank or Building Society

Please pay British Healthcare Trades Association (on behalf of the ATP Society) Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with British Healthcare Trades Association and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DDI 1 5/15

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, the British Healthcare Trades Association will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request the British Healthcare Trades Association to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by the British Healthcare Trades Association or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when the British Healthcare Trades Association asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.