

# PROMPT<sup>®</sup> Pest Controllers Register

A Register of Managers and Technicians Providing

Professional Pest Control Services and Advice

## APPLICATION FOR MEMBERSHIP

Please indicate which category of membership applied for:		<b>FULL</b> <input type="checkbox"/>	<b>ASSOCIATE</b> <input type="checkbox"/>
<b>NAME IN FULL:</b>			
	<b>DATE OF BIRTH:</b>	/	/
<b>ADDRESS (HOME):</b>			
<b>POSTCODE</b>		<b>TELEPHONE:</b>	
<b>NAME &amp; ADDRESS (EMPLOYER/COMPANY):</b>			
<b>TELEPHONE :</b>			
<b>INVOICE TO:</b>	Home or Employer?		
<b>E-mail contact:</b>	<i>this address will be used to communicate newsletters and other relevant information</i>		

### Qualifications and/or experience in the industry

Please provide any supporting information on the reverse of this form.

RSPH/BPCA Level 2 in Pest Control	Date:	/ /	Certificate Number	
BPCA Diploma I	Date:	/ /	Certificate Number	
BPCA Diploma II	Date:	/ /	Certificate Number	
RSPH Pest Control	Date:	/ /	Certificate Number	
NVQ Certificate	Date:	/ /	Certificate Number	
Fumigation Diploma	Date:	/ /	Certificate Number	
Other (please specify)	Date:	/ /	Certificate Number	

Are you applying to join in accordance with the BPCA Certificated Field Biologist Qualification?

YES / NO

### Main Areas of Activity

Pest Control, Fumigation, Bird Control, Wildlife Management, Other...

### Check list

<input type="checkbox"/>	<b>Photograph enclosed (clearly labelled) or email to address below</b>
<input type="checkbox"/>	<b>Copy of certificate of qualification enclosed</b>
<input type="checkbox"/>	<b>Member of BPCA <input type="checkbox"/> NPTA <input type="checkbox"/> UKPCO <input type="checkbox"/> (please tick)</b>

**You will be sent an invoice once we have processed your application.**

I apply for membership of the BASIS PROMPT Pest Controllers Register. I understand that being a member implies that I follow the "Code of Ethics" of the BASIS PROMPT Pest Controllers Register and that membership is for ONE year. Subsequent years' membership will be dependent upon payment of an annual subscription and proof of Continuing Professional Development (CPD) (see Guidance Notes).

Signed..... Date.....

**BASIS (Registration) Limited, St Monica's House Business Centre  
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