



MEMBERSHIP APPLICATION FORM

The Professional Register of Managers and Pest Technicians

Applying for membership category:	FULL <input type="checkbox"/>	ASSOCIATE <input type="checkbox"/>	ASSOCIATE BIRD MEMBER <input type="checkbox"/>	ASSOCIATE RODENT SPECIFIC <input type="checkbox"/>		
NAME IN FULL:						
TITLE: (please tick)	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	DATE OF BIRTH: / /
ADDRESS (HOME):						
POSTCODE				TELEPHONE:		
NAME & ADDRESS (EMPLOYER/COMPANY): (INCLUDING POSTCODE) TELEPHONE :						
INVOICE TO:	Home <input type="checkbox"/> Employer <input type="checkbox"/> Other (Please State):					
WORK EMAIL:	<i>this address will be used to communicate newsletters and other relevant information</i>					
PERSONAL EMAIL:						

QUALIFICATIONS		
FULL MEMBERSHIP QUALIFICATIONS	DATE	CERTIFICATE NUMBER
RSPH/BPCA - Level 2 Award / Certificate	/ /	
BPCA Diploma – Part I	/ /	
BPCA Diploma – Part II	/ /	
RSH Certificate in Pest Control	/ /	
ASSOCIATE RODENT SPECIFIC QUALIFICATIONS		
Killgerm - Principles of Rodent Control	/ /	
BASIS/BPCA – Using Rodenticides Safely	/ /	
RSPH Level 2 Award in the Safe Use of Rodenticides	/ /	
LANTRA – Responsible and Effective Control of Commensal Rodents	/ /	
OTHER QUALIFICATIONS		
Fumigation Diploma	/ /	
Other (<i>please specify</i>)	/ /	

CHECK LIST	
<input type="checkbox"/>	Photograph (clearly labelled and attached)
<input type="checkbox"/>	Copy of certificate of qualification enclosed
Membership:	 <input type="checkbox"/>  <input type="checkbox"/>
(if applicable, please include a copy of your membership certificate)	

YOU WILL BE SENT AN INVOICE ONCE YOUR APPLICATION HAS BEEN PROCESSED

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 THIS calendar 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.....