



BASIS®
PROFESSIONAL REGISTER
APPLICATION FORM
2009-2010



A Register of Practitioners Providing Professional Pesticide and Plant Nutritional Advice
with Associate Membership for Supporting Service Providers

NAME IN FULL:.....

ADDRESS (HOME):.....

.....

POSTCODE:.....TELEPHONE:.....

ADDRESS (OFFICE):.....

.....

Date of Birth.....

BASIS Certificate No:.....

Date of Exam:.....

FACTS Qualification No:.....

Email address:.....

BRIEF EXPERIENCE TO DATE RELATING TO FERTILISERS and/or PESTICIDES:

MAIN CATEGORY OF MEMBERSHIP APPLIED FOR:.....

OTHER RELEVANT CATEGORIES:.....

I apply to the Professional Matters Committee for membership of the BASIS Professional Register. I understand that being a member implies that I follow the "Code of Ethics" of the BASIS Professional 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.....

Payment methods are:

Cheque - £67.85 BACS – £63.25 Direct Debit: 63.25 Credit or Debit card £63.25
(includes £15.00 registration fee)

Payment by Cheque or BACS is required for the first year's payment.

After the first year, payments may be made by cheque (£50.60), BACS (£46.00), Credit/Debit card (£46.00) or Direct Debit (£46.00)

Please contact Jemma for a Direct Debit form or for the bank details for BACS payments.

A CHEQUE & A PASSPORT SIZED PHOTOGRAPH MUST ACCOMPANY THIS APPLICATION

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(37-39) Windmill Lane, ASHBOURNE, Derbyshire DE6 1EY.
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