



UKCPAS Individual Membership Application Form

Mr/Mrs/Miss/Ms:			
Forenames:			
Surname:			
Home Address:			
Postcode:		Telephone:	
Mobile phone:			

Male / Female:	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth:	
Email:			

Cleaning Industry Experience

Please give details about how long you have worked in the cleaning industry:

Please Give Details of Any Relevant Industry Qualifications

(Please provide evidence or additional information on a separate sheet).

Qualification	Year Achieved	Place

How did you hear about UKCPAS?	
Word of mouth:	<input type="checkbox"/>
Website:	<input type="checkbox"/>
Mail Shot:	<input type="checkbox"/>
Advert:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

DECLARATION

I declare that the information supplied in this application is correct to the best of my knowledge.

Signature: _____ Date: _____

Office use only: Membership No. Allocated: _____
