

# MEMBERSHIP APPLICATION FORM 2009/10

*(Please read information pack before completing this form)*

## **SECTION 1**

Name of Organisation \_\_\_\_\_

Name of Parent Company  
*(if applicable)* \_\_\_\_\_

Address (Head Office):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Main Contact: \_\_\_\_\_

Position Held: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

Full Names and Qualifications of  
Organisation's Directors: \_\_\_\_\_

*(please continue on a separate  
sheet if necessary)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the organisation or any of its directors been involved in any bankruptcy, liquidation or arrangements with creditors?

Yes  (if yes please give details on a separate sheet) No

Has the organisation or any of its directors been involved in any criminal prosecutions relating to management of money or property dealings?

Yes  (if yes please give details on a separate sheet) No

Has the organisation or any of its directors been involved in any disputes in the LVT's or Courts?

Yes  (if yes please give details on a separate sheet) No

Is the organisation involved solely in Retirement Sheltered block management?

Yes  No  *If No, what other areas do you specialise in?*

How long has the organisation been managing retirement properties? \_\_\_\_\_ years/months

- **Please attach a list of developments managed by your organisation**

List membership of other bodies or associations. *(continue on a separate sheet if necessary)*

\_\_\_\_\_

How did you hear of the ARHM?

\_\_\_\_\_

**References - The ARHM reserves the right to take up references.**

Organisation's main bankers: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Organisation's Auditors: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Organisation's Solicitors: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**SECTION 2****FULL MEMBERSHIP** **A.1. Please specify the number of individual properties managed** \_\_\_\_\_**A.2. Fee per unit** 60pI. Multiply answer to question **A.1** by **A.2** £ \_\_\_\_\_

II. Add basic membership fee of £625 £625.00

Sub total £ \_\_\_\_\_

III. Add 15% VAT £ \_\_\_\_\_

**Total** £ \_\_\_\_\_*(Do not send payment with form)***AFFILIATE MEMBERSHIP** 

Basic Affiliate Fee £900.00

VAT £135

**Total Fee (Affiliate)** **£1,035.00**  
(Please go to Section 4)**SECTION 3****DECLARATION OF CONFORMITY – For full membership only****CODE OF PRACTICE**

On behalf of \_\_\_\_\_, I declare that I have to read the Association of Retirement Housing Managers' Code of Practice in force on this date and confirm that we can and will comply with the terms of the Code in the management of all our private retirement housing schemes (unless a subsequent change in the law supersedes any element of the Code).

Please include with your application the following documents that are required by the ARHM's Code of Practice:

1. A leaseholders handbook or purchasers information pack (see Appendix One)
2. A complaints procedure (Chapter 13)
3. A procedure manual for your warden/house manager (Whatever title you use).
4. A copy of a set of accounts and budget for one of your leasehold retirement schemes. (Chapters 1 & 2)
5. An example of a S.20 consultation notice sent to a group of leaseholders in the last 12 months.

**PROFESSIONAL INDEMNITY INSURANCE**

I confirm we hold Professional Indemnity Insurance (which includes fidelity cover) for the sum of £\_\_\_\_\_.  
(Please attach a copy).

**RESIDENTS' ACCESS TO AN INDEPENDENT DISPUTE RESOLUTION SERVICE**

I confirm that the residents of all our private retirement housing schemes have been/will be offered the opportunity to join a recognised Dispute Resolution Service.

**SECTION 4****Signed:** (Chief Executive or Director) \_\_\_\_\_**Date:** \_\_\_\_\_**Name in block capitals:** \_\_\_\_\_**Position held:** \_\_\_\_\_