

# ARP Upgrade to Full Membership

## Application Form

### AS A FULL MEMBER YOU WILL:

- Receive assistance from the Association, should this be required.
- Be entitled to a standard entry in the Association's Directory of Members.
- Receive the Association's newsletter.
- Have full voting rights.
- Be entitled to use the Association of Relocation Professional's logo on any printed material or in any advertisement.
- Be invited to attend any regional or national meetings, seminars and conferences.

### REQUIREMENTS TO UPGRADE TO A FULL MEMBER

- To have traded as a Relocation Agent for at least two years.
- To have signed the enclosed Rules of Conduct.
- To provide the names and addresses of two client references include a copy of invoices, showing that work has been carried out over the last two years.
- To have attained a minimum of 50 points though attending courses accredited by the European Academy of Relocation Professionals.
- To provide evidence that you/your firm have Public Liability Insurance, and Professional Indemnity Insurance i.e. a photocopy of the Insurance Certificate or receipt of purchase.
- To be available for interview.

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### SECTION 1 ~ GENERAL INFORMATION

**1.1** Company or Trading Name : \_\_\_\_\_

Full Name : \_\_\_\_\_

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

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

Address 3 : \_\_\_\_\_

Post Code : \_\_\_\_\_ Telephone No/s : \_\_\_\_\_

Fax No : \_\_\_\_\_ Email : \_\_\_\_\_

Website: \_\_\_\_\_ VAT number : \_\_\_\_\_

Names of Directors or Partners : \_\_\_\_\_

Number of employees directly employed:      Full Time: \_\_\_\_\_      Part Time: \_\_\_\_\_

**1.2** Does your company offer any services that may be perceived as creating a conflict of interest? Please provide details as it is important that the ARP is aware of such activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1.3** Do you operate a Client Account? \_\_\_\_\_

**1.4** Other relevant information, i.e. is your company a subsidiary of another company?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Company Name : \_\_\_\_\_

### SECTION 2 ~ TRADING INFORMATION

**2.1** How long has your organisation been offering relocation related services? \_\_\_\_\_

**2.2** Please state the geographical areas in which you offer relocation services \_\_\_\_\_

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**2.3** How has your firm performed since you started trading?

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**2.4** How do you expect your firm to develop over the next five years?

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**2.5** Do you belong to any other relocation related organisation? If so, please specify

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Please list all courses attended following? (Please state dates and the organiser's name)

- a) ARA Fundamentals of Relocation YES  NO
- b) EARP Level One YES  NO  No. attended
- c) EARP Level Two YES  NO  No. attended

d) Business Course (Please state dates and the organiser's name)

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e) Any other courses or seminars (Please state dates and the organiser's name)

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### SECTION 3 ~ REFEREES

**3.1** Company Name : \_\_\_\_\_

Contact Name : \_\_\_\_\_

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

Relationship: Client

**3.2** Company Name : \_\_\_\_\_

Contact Name : \_\_\_\_\_

Address 1 : \_\_\_\_\_

Address 2 : \_\_\_\_\_

Address 3 : \_\_\_\_\_

Relationship: Client

I / We: \_\_\_\_\_

Of: \_\_\_\_\_

apply for FULL MEMBERSHIP of the Association of Relocation Professionals and agree to abide by the rules of conduct and objectives of the ARP.

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

Any false declaration on the application for membership or any failure to abide by the rules of conduct of ARP will result in immediate termination of membership and the forfeit of any membership and/or enrolment fees paid.

Membership will become valid after Full Membership is confirmed and full payment has been received.

**PLEASE NOTE THAT ALL MATERIAL AND INFORMATION SUPPLIED WITH THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE IN COMPLIANCE WITH THE ARP'S GUIDELINES ON BUSINESS SENSITIVE INFORMATION**

#### PLEASE ENSURE THAT THE FOLLOWING ARE SUBMITTED TOGETHER WITH THIS APPLICATION:

Copies of ALL your promotional material.

A copy of your Public Liability Insurance and Professional Indemnity Insurance Certificates and any other relevant certificates.

The signed copy of the ARP Rules of Conduct

Any other material that may assist the Membership Committee, when considering your application.

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### RULES OF CONDUCT

Every member shall be actively involved in offering services that facilitate the relocation of individuals and/or companies.

Every member shall abide by the rules of the Association.

Every member must actively participate in and successfully complete an accreditation process that has the full backing of the Association either on an individual or corporate level.

Members must have both Professional Indemnity and Public Liability Insurance.

A member shall not seek business or conduct business by improper or illegal means.

Members shall not misrepresent Association, themselves or the services which they offer.

Members will promote and protect their client's best interest and will not accept instructions from clients whose requirements cannot possibly be met by the member.

Members shall not either act as selling or letting agents, nor will a principal, partner or director be involved in the day to day business of a selling or letting agency.

Members shall declare to their clients any payment the member receives from any third party suppliers, following the introduction of the client to such supplier.

Members shall ensure each client is aware of the terms and conditions upon which the member's services are being supplied.

All members will indemnify and hold harmless the Association against any claims arising from their activities.

When holding client's monies, members will hold such monies in a separate bank account and will maintain and produce at the Association's request clear records of that account.

Members shall not misrepresent their class of membership nor claim membership when their membership has ceased.

Should they be in breach of the Association's Rules of Conduct members shall abide by the findings of the Association's Disciplinary Committee.

In the event of a member becoming bankrupt, insolvent or making an arrangement with their creditors their membership of the Association will be withdrawn.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Trading Name \_\_\_\_\_