



# Application for Associate Membership

The Association for Project Safety (APS) is a not-for-profit membership body for all working in, or with an interest in, Construction Health and Safety Risk Management.

Admission to Associate Membership is open to:

- Construction discipline graduates
- Those working towards professional qualifications and full membership of the Association for Project Safety
- Interested parties from within the construction industry education sector or
- Professional bodies with an interest in Construction Health and Safety Risk Management

Surname	Title
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First Names
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Home telephone	<input type="text"/>	Please indicate preferred contact telephone number	<input type="checkbox"/>
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Work telephone	<input type="text"/>	Please indicate preferred contact telephone number	<input type="checkbox"/>
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Mobile telephone	<input type="text"/>	Please indicate preferred contact telephone number	<input type="checkbox"/>
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Home email	<input type="text"/>	Please indicate preferred e-mail contact address	<input type="checkbox"/>
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Work email	<input type="text"/>	Please indicate preferred e-mail contact address	<input type="checkbox"/>
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APS will from time to time send communications connected with your membership of the Association. Please indicate preferred method of contact. You may indicate more than one.

Mail to home address <input type="checkbox"/>	Mail to business address <input type="checkbox"/>	Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>
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Please indicate your principal professional qualification	
Architect <input type="checkbox"/>	Construction technologist <input type="checkbox"/>
Architectural technician <input type="checkbox"/>	Electrical Engineer <input type="checkbox"/>
Architectural technologist <input type="checkbox"/>	Engineer <input type="checkbox"/>
Building surveyor <input type="checkbox"/>	Mechanical Engineer <input type="checkbox"/>
Building Services Csult <input type="checkbox"/>	Project Manager <input type="checkbox"/>
CDM Co-ordinator <input type="checkbox"/>	Quantity Surveyor <input type="checkbox"/>
Civil Engineer <input type="checkbox"/>	Structural Engineer <input type="checkbox"/>
Other (please write in) <input type="checkbox"/>	
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Please indicate your preferred APS Industry Group(s)	
Railways <input type="checkbox"/>	
Roads <input type="checkbox"/>	
Health and Safety <input type="checkbox"/>	
Power <input type="checkbox"/>	
Oil and Gas <input type="checkbox"/>	
Petrochemicals <input type="checkbox"/>	
Domestic housing <input type="checkbox"/>	

Please indicate your choice of APS regional group		
Northern Scotland <input type="checkbox"/>	East Midlands <input type="checkbox"/>	
Eastern Scotland <input type="checkbox"/>	East Anglia <input type="checkbox"/>	
Western Scotland <input type="checkbox"/>	London <input type="checkbox"/>	
Northern Ireland <input type="checkbox"/>	South East London <input type="checkbox"/>	
Northern England <input type="checkbox"/>	South West England <input type="checkbox"/>	
Yorkshire <input type="checkbox"/>	South Central England <input type="checkbox"/>	
North West England <input type="checkbox"/>	Isle of Man <input type="checkbox"/>	
Wales <input type="checkbox"/>	Overseas <input type="checkbox"/>	
Midlands <input type="checkbox"/>		

I declare that I will abide by the Rules and Bye Laws of the Association on admission as a Associate Member of the Association. A copy of the Articles of Association, Rules and Bye Laws of the Association is available at [www.aps.org.uk](http://www.aps.org.uk).

Signature .....	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please forward completed application form to: The Membership Secretary, APS, Stanhope House, 12 Stanhope Place, Edinburgh, EH12 5HH	Date received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax No: 08456 121 291	Date data entered	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail: info@aps.org.uk	Enquiry number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone No: 08456 121 290	Data entered by	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership Number
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