

**MALLARD CONSULTANCY SUPPORT SERVICE
ANNUAL MEMBERSHIP APPLICATION**

APPLICANT INFORMATION

Name of Organisation:

Department:

Email:

Phone:

Invoice Address:

Town:

County:

Post Code:

Order Ref (if any):

Annual Fee: £900 (+vat)

PRIMARY CONTACT REFERENCE

Name:

Address:

Title:

E-mail:

Phone:

Town:

County:

Post Code:

IF RECOMMENDED BY ANOTHER AUTHORITY, PLEASE STATE:

Name of recommending authority:

APPLICATION FOR ANNUAL MEMBERSHIP AND DECLARATION

I confirm that I wish to apply for annual membership of the Mallard Consultancy Support Service and I have read and agree to the full terms and conditions applicable to that service. I confirm that I have authority to make this application on behalf of the above-mentioned organization, to bind it to the terms and conditions of the service and to authorize payment of all relevant membership fees.

Signature of:

Title:

Date:

