



MEMBERSHIP APPLICATION FORM

Personal Information

Full name:

Title:

Mailing address:

Town:

Country:

Telephone number:

Email:

Mobile:

Occupation:

Business address (if different from above):

Business telephone (if different from above):

Professional qualifications:
(NB Please list)

Please briefly state your reasons for wanting to engage with ATTA:

Undertakings

By signing or saving your name to this document you confirm that you have read and agree to the following conditions:

- I agree to submit myself to an interview, if so required by the Membership Committee

- I agree that the Membership Committee may make whatever reasonable enquiries it considers appropriate to validate information in the application form and attached documentation.
- I confirm that the information supplied in this application is true and that I have not withheld any information that might affect my application to become an ATTA Member.
- I confirm that I will abide by the decision of the Membership Committee either following a pre-screening of my application or following an interview and that I have no right of appeal against their decision.
- I agree to conform to the rules of professional conduct as are specified from time to time by the ATTA Board.
- I attach an up-to-date copy of my CV, LinkedIn profile and contact details.**

Signed: _____ **Date:** _____

**Please submit via the Membership Page on the following
Biztransformers.com or alternatively
email applications to admin@ustta.org**

Note:

- All the information supplied in this application form is confidential and will be disclosed solely to the Membership Committee, ATTA Board and persons appointed by the Membership Committee to assist in the interviewing and verification process.
- Accredited Member Application Fee of \$195.00 and an Annual Fee of \$300.00 Both fees are payable on approval of your application by the Board of ATTA.

Please feel free to contact us for more information via email to admin@ustta.org