



Membership Application Form New Professional

This form can be completed electronically

Title: First name: Surname:

Job title: DOB:

Business name:

Business address:

Postcode:

Business telephone: Business mobile:

Business email:

Home address:

Postcode:

Preferred address Business Home

Your Role - Which of the following options best describes what you do? Please pick one option:

- | | |
|--|--|
| <input type="checkbox"/> Part of a licensed insolvency practitioner's team | <input type="checkbox"/> Valuer |
| <input type="checkbox"/> Restructuring professional | <input type="checkbox"/> Lender |
| <input type="checkbox"/> Turnaround professional | <input type="checkbox"/> Training or compliance specialist |
| <input type="checkbox"/> Solicitor | <input type="checkbox"/> Other (please specify below) |
| <input type="checkbox"/> Barrister | |
| <input type="checkbox"/> Personal debt advisor | |

Reason for joining

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> R3's lobbying & media work | <input type="checkbox"/> Technical updates | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Course & Events discount | <input type="checkbox"/> Personal development | <input type="checkbox"/> Other |

I confirm that at the time of my application for R3 New Professional Membership, I have less than four years' experience within the restructuring, turnaround and insolvency profession. I agree that if requested to provide evidence of this by R3, I will do so in a timely manner.

I undertake that I have not brought the restructuring, turnaround and insolvency profession into disrepute and will not do so in the future.

I certify the information in support of my application to be true and correct. R3 reserves the right to cancel or suspend membership if details are incorrect or falsified.

Signed: **Date:**

How to pay for your R3 Membership

Please select your chosen payment method from one of the following:

Debit/Credit card

Card holders name:

Card number:

Expiry date: Security code: Amount:

Pay invoice

If you require an invoice, please contact membership@r3.org.uk

Bank transfer

Barclays Bank

Account name: Association of Business Recovery Professionals

Account no: 63736865

Sort code: 20-37-83

IBAN no: GB45BUKB20378363736865

Swift code: BUKBGB22

Full membership fee:

Period	Fee
1 January – 31 December	£145.00
1 April – 31 December	£108.75
1 July – 31 December	£72.50
1 October – 31 December	£36.25

Please send your application
via email: membership@r3.org.uk
Call: 020 7566 4238
www.r3.org.uk

Thank you for applying, you will receive a confirmation email within five working days.

R3 Data Protection policy

R3 takes your privacy seriously. All the data contained on this form, plus any you supply in addition, are held and processed electronically in accordance with the General Data Protection Regulation EU 2016/679. We hold your details to enable you to receive the full benefits of R3 membership and for administrative purposes. Details held will also be used to inform you of benefits such as R3 events, voting rights if eligible and your annual directory entry. Please visit the R3 website for our full privacy statement.

By registering I agree to R3's [Terms & Conditions](#) and [Privacy Policy](#), which can be viewed on R3's website.

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