



Full Membership Application

Full Membership Application Form

This is a self-assessed application form and should be completed in full and returned to us with your subscription payment.

Please retain a copy of your subscription for VAT purposes.

Business details

Contact name

Company name

Trading name (if different)

Main address

Street

Town / City

County

Postcode

Telephone number(s)

Email address

Website address

Twitter

Website Profile - Please give a brief profile of your company which we will publish on our website. (max. 75 words)

Business information

Please list product line(s) relevant to this application

VAT Number

Company Registration Number

Turnover:

Please provide turnover for the goods and services to be covered by our ADR service (from the last financial year)

£

Additional key contacts

MD/CEO

Telephone number

Email address

Marketing / PR

Telephone number

Email address

Accounts

Telephone number

Email address

Customer Services

Telephone number

Email address

Other key contacts

Telephone number

Email address

How did you find out about us?

- | | |
|--|--|
| <input type="checkbox"/> Our website | <input type="checkbox"/> Colleague |
| <input type="checkbox"/> From another member | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Search engine | <input type="checkbox"/> Trade press |

Other (Please specify)

Membership subscription

1. Annual Membership Fee	<input type="text" value="£ 150.00"/>	annual fee payable by all members
2. Subscription by Turnover	<input type="text" value="£"/>	8.75p per £1000 of the gross turnover stated above. e.g. £1,500,000 = 1,500,000 x 0.0000875 = £127.50 This figure is subject to a minimum fee of £87.50
3. Subtotal	<input type="text" value="£"/>	the total of no.1 and no.2
4. VAT	<input type="text" value="£"/>	at 20% of no.3
5. Total	<input type="text" value="£"/>	the total of no.3 (Sub-Total) and no. 4 (VAT)

Payment options

- I would like to pay via Bank Transfer (BACS). Please use company name as reference when making payment.

Account Name: **Dispute Resolution Ombudsman Limited**
Account Number: **63805212**
Sort Code: **20-41-15**

- I would like to pay on receipt of invoice
Invoice will be raised, membership will not be live until the payment has been received in full

- I would like to pay via Credit Card or Debit Card over the phone
Please call us on 0333 2413209

- I would like to pay via cheque
Please make payable to Dispute Resolution Ombudsman Limited

Rules of Full Membership

It is important that you read and understand your obligations when becoming a Full Member of Dispute Resolution Ombudsman. These are set out in the Rules of Full Membership, which also incorporates the Code of Practice and the Rules governing our Alternative Dispute Resolution Service (together Rules). We are an ethical organisation which helps to bestow additional rights upon consumers. In turn this helps to inspire confidence in your business. To download a copy of the Rules please visit our website. Your agreement with Dispute Resolution Ombudsman Limited is also governed by its Terms of Business.

Member's Declaration

Signature:

Print Name

Position

Date

Please return the form to:

Dispute Resolution Ombudsman

**Premier House,
First Floor, 1-5 Argyle Way,
Stevenage,
Hertfordshire
SG1 2AD**

Or email to:

info@disputeresolutionombudsman.org

Please note that calls to and from The Ombudsman may be recorded for training and quality purposes.

Dispute Resolution Ombudsman is registered under the Data Protection Act 2018 VAT registration number: GB 190 3481 11

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Dispute Resolution
Ombudsman