



## CCTA Member Referral Application Form

To recommend a member, simply print and complete the application form below, then send it to:  
CCTA, Suite 4, The Wave, 1 View Croft Road, Shipley, West Yorkshire, BD17 7DU.

### The Proposer:

Full Company Name: \_\_\_\_\_

Proposers Name: \_\_\_\_\_

Company address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

CCTA Membership Number: \_\_\_\_\_

Does the applicant know that they have been recommended by your company?

Yes

No

Signature and Date.....

Please select one of the following:

A complimentary case of wine, or a voucher of an equivalent amount to be used on

Documents/Agreements

A Training Course

A Conference

### The Applicant:

Principal Contact Name/Title \_\_\_\_\_

Surname: \_\_\_\_\_

Full Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Vat No: \_\_\_\_\_

Company Registration No: \_\_\_\_\_

Place of Registration: \_\_\_\_\_

Signature and Date.....