



Application Form: Join Murus

Thank you for your interest in joining Murus, the nationwide party wall network.

Please complete the following form with accurate and up-to-date information.

Full Name: _____

Date of Birth: ____/____/____

Address: _____

Email Address: _____

Telephone Number: _____

Current Employment Details: _____

Years of Experience in Party Wall Matters: _____

Do You Hold Professional Indemnity (PI) Insurance? (Yes/No): _____

Professional Qualifications: _____

Counties in England and Wales you are able to Cover: _____

Please state if you are, or are likely to, become the subject of any form of disciplinary review or criminal proceedings relating to your professional activity. This must also include any County Court judgments against you either personally or as a company partner/director.

Note: expulsion from membership of another body or having been subject to disciplinary review by another body or having been convicted of a criminal offence is not necessarily

a bar to membership but failure to declare such matters may result in any membership being terminated.

☐

I do **NOT** have disciplinary/criminal proceedings to declare

☐

I **DO** have disciplinary/criminal proceedings to declare (please detail on a separate sheet of paper)

We take protection of your data very seriously and to ensure we are compliant with the GDPR laws that are in force we require that all members **confirm their consent for the use of their data.**

Please confirm below to **AGREE consent** for the following uses of your data:

1. Collection of personal information for the administration of your membership
2. Public sharing of certain details on our website
3. Public sharing of your details verbally or in writing to a member of the public.
4. Sharing of certain details with third parties working in partnership with us to provide member benefits and services
5. Publishing of certain details in newsletters, social media and emails etc. An example would be regarding new members joining the network
6. Maintenance of your membership including updates, payments and legal matters.
7. Referrals from the general public and Clients seeking advice or services.

I confirm my agreement to the use of my data as described above: YES / NO

Declaration:

I (Full Name)

If elected I hereby declare that the particulars set out in this application are true and correct. If elected I agree to be bound by the protocols of Murus.

I understand and accept that the provision of incorrect, incomplete, or false information could lead to a refusal of membership and /or a rescission of membership if granted on the basis of such information contained in the application form or represented at any later stage (if applicable).

I understand and accept UK GDPR Data Protection policy and have checked my consent preferences .

I understand that all materials used or provided by Murus are provided strictly subject to Murus copyright or any other proprietary rights.

I understand that Murus is under no obligation to provide a minimum level of referral work or any at all.

I understand and accept that Murus uses email as their standard form of communication.

Signature: _____ **Date:** _____

Please return your completed form to: info@murus.co.uk