

## CENTRAL ASSOCIATION OF AGRICULTURAL VALUERS

### APPLICATION FORM FOR MEMBERSHIP OF *ADDITIONAL* LOCAL ASSOCIATIONS

by

Name .....

*This form should be submitted in duplicate to the Secretary of the member's "home" association prior to completion by the Secretary for the new association and the Secretary of the CAAV.*

**Background Note** - *Every member (excepting students) of the CAAV must also be a member of a local association. If practising in several areas, the member may be a member of several relevant associations.*

*If the CAAV member is a member of only one association, that will be the member's "home" association for the purposes of CAAV records and the Membership List. If the member is a member of several associations, one of them must be designated as the "home" association (usually for the area where the member's work is concentrated) and the other local memberships will be "away" memberships.*

*On moving area, a member can apply to transfer to the local association for the new area and make it the "home" association. It is possible to retain membership of the previous association (as an "away" member) or to retain "home" membership of the original association.*

*A separate form (Form 4A) is available for transferring a member's home association.*

#### **To be completed by the CAAV Secretariat**

This application for transfer has been accepted as valid.

Signed ..... Date.....

I, being a Fellow/Associate/Initial//Probationer/Student/Retired member of the Central Association of Agricultural Valuers (with membership number ..... ) and a home member of the .....Association wish to become an away member of the .....Association as I do now or intend to practise or (if a retired or student member) reside or work within that Association's area.

I confirm that I have paid all subscriptions due to my present local association including the subscription for its current financial year. I undertake to observe and abide by the Articles, Bylaws and regulations of the Central Association of Agricultural Valuers and the rules of the local association I wish to join.

Signed ..... Date.....

*Please complete the questionnaire at the end of this form to ensure that we have your correct details.*

**To be completed by Present Association**

I, ....., Secretary of the  
.....Association

of which the applicant is at present a member certify that: the applicant has met all obligations of membership in respect of this Association and has paid all subscriptions due to this Association including the subscription for its current financial year.

Signed ..... Date .....

**To be completed by the New Association**

I, ....., Secretary of the  
.....Association

am satisfied that the applicant is or intends to be in practice or (if a retired or student member) resides or works within the area of this Association.

Signed ..... Date .....

# QUESTIONNAIRE

to be completed by the member

The CAAV Privacy Notice is published on our website ([www.caav.org.uk/Terms\\_and\\_Conditions.aspx](http://www.caav.org.uk/Terms_and_Conditions.aspx)) which explains how the Central Association of Agricultural Valuers (CAAV) will collect, use and share personal information. (A hard copy is available on request). For a copy of the Local Association's Privacy Notice, please contact the local secretary.

(a) Full Name .....

(b) Title Mr/Mrs/Ms/Miss/Dr/Other .....

(c) Qualifications .....

(d) Geographical Area in which you practice .....

(e) Address (Business, if in practice) .....

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..... Post Code .....

Telephone Number ..... Fax No .....

E-Mail ..... DX No .....

(f) Address for correspondence (if different) .....

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..... Post Code .....

(g) If this application arises from a change of address, please confirm previous address

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(h) Other information relevant to change (e.g. maiden name if newly married) .....

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