



## BAGMA Membership Application Form

Page 1 of 3

Please complete all sections of this form in **BLOCK CAPITALS** and return to the Membership Department - **by post or email**

### **YOUR DETAILS:**

|                |  |             |  |
|----------------|--|-------------|--|
| First name:    |  | Last name:  |  |
| Title:         |  | DOB:        |  |
| Your position: |  | Your email: |  |
| Telephone:     |  | Mobile:     |  |

### **BUSINESS INFORMATION:**

|                                                                                                 |  |                        |   |                        |  |
|-------------------------------------------------------------------------------------------------|--|------------------------|---|------------------------|--|
| Business name:                                                                                  |  |                        |   |                        |  |
| Trading name (if different):                                                                    |  |                        |   |                        |  |
| Date established:                                                                               |  |                        |   |                        |  |
| Business email:                                                                                 |  |                        |   |                        |  |
| Business website:                                                                               |  |                        |   |                        |  |
| Business telephone:                                                                             |  |                        |   |                        |  |
| Business address:<br><i>(Please include postcode)</i>                                           |  |                        |   |                        |  |
| No. of outlets incl. principal location.<br><i>(Provide details of all branches separately)</i> |  | Annual turnover:       | £ |                        |  |
| Business insurance provider:                                                                    |  | Renewal month:         |   |                        |  |
| Card processing provider:                                                                       |  |                        |   |                        |  |
| Business bank:                                                                                  |  |                        |   |                        |  |
| Number of employees:                                                                            |  | Number of apprentices: |   | Number of technicians: |  |

### **ADDITIONAL INFORMATION:**

|                        |  |
|------------------------|--|
| Main contact email:    |  |
| Membership email:      |  |
| Service Manager email: |  |
| Finance email:         |  |
| Marketing /HR email:   |  |

**Please note:** We may contact you if we require additional information.



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Page 2 of 3

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### Please tell us your main industry activity

- |                                                        |                                                  |                                                      |
|--------------------------------------------------------|--------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Agricultural Machinery Dealer | <input type="checkbox"/> Garden Machinery Dealer | <input type="checkbox"/> Groundcare Machinery Dealer |
| <input type="checkbox"/> Industry Partner              | <input type="checkbox"/> Service Provider        | <input type="checkbox"/> Training Provider           |

### Please indicate below which services are of particular interest to you and your business

- |                                                          |                                                         |                                               |
|----------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Asset Finance & Vehicle Leasing | <input type="checkbox"/> Card Processing                | <input type="checkbox"/> Paperless Solutions  |
| <input type="checkbox"/> BAGMA Events                    | <input type="checkbox"/> Dealership Management Software | <input type="checkbox"/> Recruitment          |
| <input type="checkbox"/> BAGMA Regional Groups           | <input type="checkbox"/> Health & Safety Support        | <input type="checkbox"/> Security             |
| <input type="checkbox"/> Business Insurance              | <input type="checkbox"/> Industry Training              | <input type="checkbox"/> Utilities & Telecoms |
| <input type="checkbox"/> Business Rates                  | <input type="checkbox"/> Legal Protection               | <input type="checkbox"/> Waste Management     |

### What influenced you to join today? Please tick where you heard about BAGMA membership (you may tick more than one)

- |                                             |                                                  |                                                   |
|---------------------------------------------|--------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Blog               | <input type="checkbox"/> Member Referral         | <input type="checkbox"/> Service Partner Referral |
| <input type="checkbox"/> Email              | <input type="checkbox"/> Posted Letter / Leaflet | <input type="checkbox"/> Social Media             |
| <input type="checkbox"/> Exhibition / Event | <input type="checkbox"/> Recommendation          | <input type="checkbox"/> Telephone Call           |
| <input type="checkbox"/> Magazine           | <input type="checkbox"/> Search Engine           | <input type="checkbox"/> Website                  |

**By signing here you confirm that you have read and agree to the terms and conditions below.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NB:** The signatory above must be a person with suitable authority to sign for or on behalf of the organisation.

## Terms and conditions

To be eligible for membership your company must be trading as a retailer or a dealer from a business rated shop, showroom, warehouse or yard or be in one of the industry activities above and sign a declaration (this membership application form constitutes such a declaration) to this effect, and undertake to comply with the Constitution and Rules of BAGMA, along with the trading Terms & Conditions.

Read full terms and conditions at [bagma.com/terms-conditions](http://bagma.com/terms-conditions)



**BAGMA members' privacy policy:** The information provided will be used to administer your membership of BAGMA and any divisions, subsidiary companies and all third parties (henceforth referred to as "the Group"), manage your access to membership benefits, including those provided by subsidiary companies and all third parties, and provide you with information (by post, fax, email, telephone or SMS) which we believe may be of interest or benefit. Your business name, trading location and contact details may also be included in any listing of members produced by the Group on its websites, or summary of members issued to Members or Associate Members of the Group. By paying your membership subscription you accept the above.

**General Data Protection Regulation (GDPR) 2018:** BAGMA and all subsidiary companies and all divisions comply with the requirements of the General Data Protection Regulation (GDPR) 2018. For information about the data we hold on you or to amend that data, please contact BAGMA on **01295 713344** or email [membership@bagma.com](mailto:membership@bagma.com)



## BAGMA Membership Direct Debit Form

Page 3 of 3

Please complete all sections of this form in **BLOCK CAPITALS** and return to the Membership Department - **by post or email**

### Annual subscription rates: (please tick one)

| Dealer Membership Only     |                     |            |
|----------------------------|---------------------|------------|
| Group                      | Number of Employees | Fee ex VAT |
| <input type="checkbox"/> 1 | 1 – 2               | £288.00    |
| <input type="checkbox"/> 2 | 3 – 5               | £445.00    |
| <input type="checkbox"/> 3 | 6 – 11              | £605.00    |
| <input type="checkbox"/> 4 | 12 – 50             | £890.00    |
| <input type="checkbox"/> 5 | 50 +                | £1,055.00  |

| Associate Membership                       |            |
|--------------------------------------------|------------|
| Group                                      | Fee ex VAT |
| <input type="checkbox"/> Industry Partner  | £750.00    |
| <input type="checkbox"/> Service Provider  | £515.00    |
| <input type="checkbox"/> Training Provider | £135.00    |
| <input type="checkbox"/> Colleges          | £170.00    |
| <input type="checkbox"/> Retired           | £37.50     |

### Please note:

All membership fees are subject to VAT at 20% and all membership periods are for 12 months and run from the first day of the month in which membership commences.

### Payment options: (please tick one)

|                          |                                                                                                                                                                                     |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Direct Debit</b>      |                                                                                                                                                                                     |
| <input type="checkbox"/> | To pay by Direct Debit complete the form below or call 01295 713344<br><b>NB</b> – To receive a <b>5%</b> discount on your annual subscription fee, pay your Direct Debit annually. |

|                          |                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BACS</b>              |                                                                                                                                                                                          |
| <input type="checkbox"/> | For BACS payment; please use the details below:<br><b>Name of bank:</b> Lloyds<br><b>Sort Code:</b> 30-97-95<br><b>Account number:</b> 42486360<br><b>Reference:</b> (your company name) |

### Direct Debit Form

#### Instruction to your bank or building society to pay by Direct Debit.

Tick below to indicate when you would like BAGMA to collect your payment:

☐ Annually (receive a 5% discount on your subscription)

☐ Monthly

Name and full postal address of your bank or building society:

Manager name:

Bank/Building Society:

Address:

Postcode:

Name(s) of account holder(s):

Business trading name:

Service user number:

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 4 | 3 | 4 | 6 | 8 |
|---|---|---|---|---|---|

Bank/Building Society account number:

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Branch sort code:

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Reference (for office use only):

Instruction to your bank or building society: please pay BAGMA Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I / we understand that this Instruction may remain with BAGMA and, if so, details will be passed electronically to our bank / building society.

Signature (s):

Date:

Detach and retain this section - Detach and retain this section - Detach and retain this section - Detach and retain this section - Detach and retain this section

The subscriptions payable for membership are determined using the value of annual turnover (excluding VAT). In the instance of a new business, a reasonable estimate will be used. The subscription is subject to VAT, and a VAT invoice will be forwarded following payment. The tax will normally be recoverable by VAT registered businesses. A renewal reminder will be issued a few weeks prior to the due date. No refund or part refund will be given should a member decide to cancel membership.

**The Direct Debit Guarantee: This guarantee should be detached and retained by the Payer:**

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit BAGMA will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request BAGMA to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by BAGMA or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when BAGMA asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify BAGMA

