

# MEMBERSHIP APPLICATION FORM 2024

Company Name

Company Registration Number  
(If Applicable)

Company Address

Postcode

Business Type

Geographical Area Covered

Name of Primary Representative

Job Title

Email

Telephone

Mobile

Name of Alternative Representative  
(If Applicable)

Job Title

Email

Telephone

Mobile

Type of Membership Required (Tick one option)

Full Membership

Affiliate Membership

Turnover less than £500,000 per annum  
**£250 excl. VAT**

Individual  
**£250 excl. VAT**

Turnover between £500,000 and £2 million per annum  
**£550 excl. VAT**

Organisation  
**£550 excl. VAT**

Turnover between £2 million and £7.5 million per annum  
**£1,100 excl. VAT**

Turnover more than £7.5 million per annum  
**£1,600 excl. VAT**

Name

Date

Please tick this box to confirm we can contact you by email.

Please tick this box to confirm we can contact you by telephone.

Please tick this box to confirm you consent to receive marketing communications from RMAS. We will never share your contact details without your prior consent.

By submitting this form you agree to abide by the RMAS Code of Conduct which is available to view and download from our website [here](#).

Please return your completed application form to  
**info@rmascotland.co.uk**