

## ACE Membership Application Form

Please complete the details below and return to the ACE Secretariat in one of the following ways:

Email: [james.jeynes@ace.gov.uk](mailto:james.jeynes@ace.gov.uk)

Fax: 020 7206 9375

Post: James Jeynes  
Head of ACE Secretariat  
PO Box 199  
PONTEFRACT  
WF8 1WT

### Please tell us the type of membership you are applying for:

Chief Executive

Senior Manager

### Please complete details about you:

Salutation:

Forename:

Surname:

Honours:

Job Title:

Organisation:

Address:

Telephone:

Fax:

Email:

Website:

(Continued overleaf)

**Which regions does your organisation cover ?**

- England
- Northern Ireland
- Scotland
- Wales
- All UK
- Other

**What is the status of your organisation ?**

- Executive Agency
- NMD
- Trading Fund
- NDPB
- Other

**Your contact details will be shown in the secure members area on the ACE website for other Chief Executives and Senior Managers to use as part of the networking we encourage between members, please tick here if you would prefer to keep your information private and for it NOT to appear in the secure Members Area:**

**Please provide details for your PA, Executive Assistant, Office Manager or whoever would organise your diary and/or administer your membership with ACE:**

Name:

Email:

**Please provide details about your ethnic origin and gender:**

Male

Female

**Are you registered disabled ?**

Yes

No

**What is your ethnic group ?**

White British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Other	<input type="checkbox"/>
Mixed please state	<input type="text"/>
Chinese	<input type="checkbox"/>
Other ethnic group	<input type="text"/>

**Please provide details of who the invoice should be addressed to and where it should be sent:**

Invoice Name:	<input type="text"/>
Invoice Job Title	<input type="text"/>
Invoice Organisation	<input type="text"/>
Invoice Address:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Invoice Telephone	<input type="text"/>
Invoice Email	<input type="text"/>

**Thank for your completing the form, once received by ACE we will issue an invoice for payment and activate your membership. The membership year runs from 1<sup>st</sup> April to 31<sup>st</sup> March.**