



About the ACP

The ACP is an organisation run on behalf of its members. As a member you will shape how the ACP looks and represents itself within the Credit and Finance Industry. Membership is open to all in the Credit and Collections Industry. No formal qualifications are required for individual members although training and education are offered.

The Founders of the ACP have considerable experience in the vital world of credit and are fully committed to enhancing our profession.

We all have different experiences, skills and views, so the ACP will continue to evolve as its membership grows. We will never lose sight of what the ACP stands for.

If you wish to know more about the ACP please feel free to contact a Board Member on 0115 989 9900, who will be more than happy to help you. Alternatively please send an e-mail to info@aocp.org.uk

If you are in Credit then you are welcome into the ACP. Be proud to be part of our profession and join us in furthering our continual development, raising the status that our profession so richly deserves in the world of modern commerce.

Membership Benefits:

Interactive website
Networking opportunities
Education
Members magazine

Jobs board
Training & development
Regional road-shows
Regional representatives

Membership Costs:

Annual	£75.00
Quarterly (Standing order form required)	£20.00
Monthly (Standing order form required)	£7.00

Membership for individuals can be upgraded free of charge to Graduate or Fellow status on production of evidence of experience or qualifications. Further details will be included in your welcome pack.

Completed forms should be sent to the following address:

Association of Credit Professionals	Tel: 0115 989 9900
The Old Surgery	Fax: 0115 989 9902
Church Street	Email: info@acop.org.uk
Cropwell Bishop	www.aocp.org.uk
Nottingham	
NG12 3BY	

Advancing the Role of Credit Professionals



ASSOCIATION OF CREDIT PROFESSIONALS

Personal Details

Title (Mr, Mrs, Miss, Ms):	Surname:
First Name:	Date of Birth:
Private Address:	
	Post Code:
Home Telephone:	Home Email:
Mobile Telephone:	Home Fax:
Address for Correspondence: (Please Tick)	Home <input type="checkbox"/> Business <input type="checkbox"/>

Qualifications & Training

Qualifications (Post compulsory only):			Professional Training:	
Date	Qualification	Grade	Date	Source (Internal/External)

Professional Details

Job Title:	Company Name:
Company Address:	
	Post Code:
Business Telephone:	Business Email:
Business Sector:	Turnover:
Time in Position:	No. in Credit Control:



The Association of Credit Professionals aims to provide a network to all members giving access to other members experience and expertise in order to assist with issues that may arise. Please indicate your experience below so that a database of expertise within the Association can be built up to the advantage of all members

Professional Experience

Industry Sectors:		Specialist Knowledge:	
Manufacturing	<input type="checkbox"/>	Insolvency	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Legal Actions	<input type="checkbox"/>
Service	<input type="checkbox"/>	Consumer Credit	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	Commercial Credit	<input type="checkbox"/>
Civil Service	<input type="checkbox"/>	European	<input type="checkbox"/>
Contact Centre	<input type="checkbox"/>	Global	<input type="checkbox"/>
Other (Please Specify)		Other (Please Specify)	

Strategic Partnerships




ACP have established a number of strategic partnerships within businesses specialising in the Credit Profession. If you are interested in receiving information regarding these products or services please tick the boxes below:

Debt Recovery	<input type="checkbox"/>	Legal Advice	<input type="checkbox"/>	Insolvency	<input type="checkbox"/>
Recruitment	<input type="checkbox"/>	Enforcement Services	<input type="checkbox"/>	Fraud	<input type="checkbox"/>
Training	<input type="checkbox"/>	Finance	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>
Debt Sale	<input type="checkbox"/>	Software/Applications	<input type="checkbox"/>		

Applicant Signature

Date:

Payment Method

Credit/Debit Card   

Card Number: _____

Valid from: _____ Expiry Date: _____

Name of Cardholder: _____ Signature: _____

Cheque Cheques should be made payable to The Association of Credit Professionals

Standing Order Annual Quarterly Monthly A standing order form will be sent to you for completion.

For office use only:

Membership Reference: _____ Renewal Date: _____

Application Form Received: _____ Fees Paid _____

Comments: _____



Personal Membership Registration Form

