



The Resin Flooring Association
16 Edward Road / Farnham / Surrey / GU9 8NP
tel 01252 714250 / www.ferfa.org.uk

CONTRACTOR MEMBERSHIP APPLICATION FORM RESIN FLOORING / SURFACE PREPARATION

1. **NAME OF COMPANY**

2. **ADDRESS**

REGISTERED ADDRESS if different from above

3. **TELEPHONE**

4. **FAX**

5. **EMAIL**

6. **WEB**

7. **NAME AND POSITION IN COMPANY OF REPRESENTATIVE WHO WILL ATTEND MEETINGS**
(please include direct email address)

8. **DATE OF FORMATION OR REGISTRATION**

9. **DATE COMMENCED TRADING**

10. **REGISTRATION NUMBER IF A LIMITED COMPANY**

11. **VAT REGISTRATION NUMBER**

12. **IF A MEMBER OF A GROUP OF COMPANIES, GIVE THE NAME AND ADDRESS OF THE
ULTIMATE PARENT COMPANY AND ANY OTHER SUBSIDIARIES INVOLVED IN BUILDING
CONSTRUCTION OR ASSOCIATED FIELD IN THE UK**

13. BRIEF DESCRIPTION OF COMPANY

(What are the main types of work you undertake?)

Indicate if you are applying for membership as a Resin Flooring or Surface Preparation contractor.

14. TURNOVER *(please enclose your last year's trading accounts)*

LAST YEAR

PREVIOUS YEAR

15. NAME ANY OTHER TRADE ASSOCIATION OR ORGANISATION OF WHICH COMPANY IS A MEMBER

16. EMPLOYEES & TRAINING

Is the company registered with CITB? _____ YES / NO

Please indicate how many staff in each category and how many hold CSCS cards and at what grade (where applicable)

Administration & Sales _____

Site Supervision _____

Employed Site Operatives _____

Sub-contract Site Operatives _____

17. INSURANCES

(Give names of Insurers for Public Liability, Employers Liability and Contractors All Risk and confirm policies are in force and please provide renewal dates)

18. FeRFA TRADE REFERENCES

Please provide two trade references, preferably suppliers of product.

(If they are members of FeRFA the address / email details are not required.)

A NAME _____
COMPANY _____
ADDRESS / EMAIL _____

B NAME _____
COMPANY _____
ADDRESS / EMAIL _____

19. NAME THREE CONTRACTS WHERE YOU HAVE INSTALLED RESIN FLOORS / UNDERTAKEN SURFACE PREPARATION (depending on membership type)
(Please include email contact details as this will speed up application process.)

(1) CONTRACT NAME

Completion Date _____

Type and Value of Work _____

Employer/Client _____

Contact _____

Address _____

Email _____

Telephone _____

(2) CONTRACT NAME

Completion Date _____

Type and Value of Work _____

Employer/Client _____

Contact _____

Address _____

Email _____

Telephone _____

(3) CONTRACT NAME

Completion Date _____

Type and Value of Work _____

Employer/Client _____

Contact _____

Address _____

Email _____

Telephone _____

20. DECLARATION

I/We declare that this information is correct to the best of my/our knowledge and accept that it may be checked by the Council and/or CEO. I/We further accept that if a complaint were to be received by the Secretary of FeRFA which subsequently proved that any of the above information was incorrect, then this might lead to expulsion from membership of FeRFA, without refund of any subscriptions paid.

In the event of our application being accepted we undertake to abide by the Rules of FeRFA, to pay such initial and annual subscriptions as shall be agreed by FeRFA, to uphold and maintain the Aims and Standards of FeRFA at all times and to comply with the Terms and Conditions of the Code of Practice.

SIGNED _____

NAME _____

POSITION _____

DATE _____

**THIS INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE AND WILL BE USED FOR
FeRFA MEMBERSHIP VETTING PURPOSES ONLY.**

September 10