The Resin Flooring Association
PO Box 3716 / Stone / Staffordshire / ST15 9EU
+44(0)7484 075254 / secretariat@ferfa.org.uk / www.ferfa.org.uk

MANUFACTURER MEMBERSHIP APPLICATION FORM

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

8. DATE OF FORMATION OR REGISTRATION
(with Registration Number if a Limited Company)

9. DATE COMMENCED TRADING

10. VAT REGISTRATION NUMBER

11. 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.

12. BRIEF DESCRIPTION OF COMPANY BUSINESS

13. TURNOVER

Please advise your turnover for:

LAST YEAR

PREVIOUS YEAR

Alternatively submit audited accounts for the past two years

14. LIST OTHER TRADE ASSOCIATION OR ORGANISATION MEMBERSHIPS

15. MANAGEMENT

Please give the names of the following:

MANAGING DIRECTOR

TECHNCIAL DIRECTOR

MARKETING DIRECTOR

16. QUALITY SYSTEM

(Please provide proof of BS EN ISO 9002)

17. SAFETY

(Give details of company safety procedures and practices - please include safety policy statement)

18. PRODUCTS:

A) Please provide details of main types of formulations/products, trade names and current technical literature.

B) Are any formulations / products carried out or supplied by others?

C) What UK and overseas standards do your products meet?

19. NAME THREE CONTRACTS WHERE YOUR FORMULATIONS / PRODUCTS HAVE BEEN OR ARE BEING INSTALLED

(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. REASONS FOR WISHING TO JOIN FeRFA

21. FeRFA PROPOSER

(If possible this should be a FeRFA member. If not, it should be a company with whom you have a business relationship. The signature of the Proposer is not required on this form, but if it is not a FeRFA member please give contact details.. We will write to the sponsor direct to obtain their endorsement.)

NAME _____

POSITION _____

COMPANY _____

CONTACT DETAILS (if not a FeRFA member) – email or phone preferred _____

_____

22. 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 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 the Federation, to pay such initial and annual subscriptions as shall be agreed by the 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.

June 17