



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

## **MANUFACTURER MEMBERSHIP APPLICATION FORM**

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1. **NAME OF COMPANY**

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2. **ADDRESS**

**REGISTERED ADDRESS IF DIFFERENT FROM ABOVE**

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3. **TELEPHONE**

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4. **FAX**

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5. **EMAIL**

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6. **WEB**

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7. **NAME AND POSITION IN COMPANY OF REPRESENTATIVE WHO WILL ATTEND MEETINGS**

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

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9. **DATE COMMENCED TRADING**

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10. **VAT REGISTRATION NUMBER**

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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.**

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12. **BRIEF DESCRIPTION OF COMPANY BUSINESS**

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**13. TURNOVER**

Please advise your turnover for:

**LAST YEAR**

**PREVIOUS YEAR**

Alternatively submit audited accounts for the past two years

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**14. LIST OTHER TRADE ASSOCIATION OR ORGANISATION MEMBERSHIPS**

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**15. MANAGEMENT**

Please give the names of the following:

**MANAGING DIRECTOR**

**TECHNCIAL DIRECTOR**

**MARKETING DIRECTOR**

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**16. QUALITY SYSTEM**

(Please provide proof of BS EN ISO 9002)

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**17. SAFETY**

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

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**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?**

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**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 \_\_\_\_\_

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**20. REASONS FOR WISHING TO JOIN FeRFA**

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**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 \_\_\_\_\_

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**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.**

**Revised February 2019**

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