



THE RESIN FLOORING ASSOCIATION

**The Resin Flooring Association**

PO Box 3716 / Stone / Staffs / ST15 9EU

tel +44(0)7848 075254 / www.ferfa.org.uk

## **ASSOCIATE MEMBERSHIP APPLICATION FORM**

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1. **NAME OF COMPANY**

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2. **ADDRESS**

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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**

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9. **DATE COMMENCED TRADING**

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

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11. **VAT REGISTRATION NUMBER**

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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**

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13. **BRIEF DESCRIPTION OF COMPANY BUSINESS**

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**14. TURNOVER**

LAST YEAR:

PREVIOUS YEAR:

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**15. IF A LIMITED COMPANY GIVE REGISTERED ADDRESS if different from above**

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**16. STATE ANY OTHER TRADE ASSOCIATION OR ORGANISATION OF WHICH COMPANY IS A MEMBER**

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**17. QUALITY SYSTEM**

*(Please state if accredited to BS EN ISO 9000 series and enclose certificate - or submit details of Quality System identifying method of operation and management)*

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**18. FeRFA PROPOSER**

*(The signature of the Proposer is not required on this form. FeRFA will write to the sponsor direct to obtain their endorsement.)*

A NAME \_\_\_\_\_  
POSITION \_\_\_\_\_  
COMPANY \_\_\_\_\_

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**19. 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 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.

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**