

Affiliate Application Form

This application form contains **5 sections** and will take approximately **15 minutes** to complete. If you need any assistance in completing this form, please contact our Membership Department at membership@snipef.org or call 0131 556 0600.

Step 1 – About your organisation

Company name	
Address Line 1	
Address Line 2	
Town/City	
Region	
Postcode	
Country	
Company email	
Company phone	

Please select the appropriate option to describe your business

- | | | |
|---|--|---|
| <input type="checkbox"/> Merchant | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Technology provider | <input type="checkbox"/> College/ training centre |
| <input type="checkbox"/> Local authority | <input type="checkbox"/> Housing association | <input type="checkbox"/> Professional services provider |
| <input type="checkbox"/> Other (please specify) | | |

What type of products/ services do you offer?

How many branches or outlets do you have? (if applicable)

Which product guide categories would you like your business to be placed in? (Choose up to three)

- | | |
|--|--|
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Education, Training and Professional Bodies |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Piping |
| <input type="checkbox"/> Plumbing and Heating Products | <input type="checkbox"/> Merchants |
| <input type="checkbox"/> Renewable Technology | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Water | |

Social media

Website	
X (Twitter)	
Facebook	
Instagram	
LinkedIn	

Step 2 – Contacts

Main Contact – Who should be our main point of contact?

Main contact name	
Job title	
Phone	
Email	

Would you like to be included in the **SNIPEF Technical WhatsApp** group? Yes

This group is designed exclusively for SNIPEF and Affiliated Members and Operatives to share technical information, stay updated on new regulations, and support one another with your expertise and individual specialities within the trade. You can also use this group to easily contact the SNIPEF Technical team for assistance. Affiliated Members are kindly asked not to advertise their own training events or other events within this group.

Marketing Contact – Who should contact for marketing purposes? (if different from above)

Marketing contact name	
Job title	
Phone	
Email	

Finance Contact - Who should we send invoices to? (if different from above)

Finance contact name	
Job title	
Phone	
Email	

Scotland/ Northern Ireland Representatives - List below any area representatives who should receive *PlumbHeat* magazine, newsletters and information on activities and events.

Representative name			
Job title			
Area covered			
Email		Mobile	
Address Line 1			
Address Line 2			
Town/City		Postcode	

Representative name			
Job title			
Area covered			
Email		Mobile	
Address Line 1			
Address Line 2			
Town/City		Postcode	

Representative name			
Job title			
Area covered			
Email		Mobile	
Address Line 1			
Address Line 2			
Town/City		Postcode	

Step 3 – Where did you hear about SNIPEF?

Tell us where you heard about SNIPEF

- Previously a member
 Trade merchants
 PlumbHeat magazine
 Social media
 Scottish Water
 Northern Ireland Water
 Internet search
 Another member
 Other (please specify)

Step 4 – Your reason for joining SNIPEF

Why would you like to become a SNIPEF Affiliate?



Step 5 – Payment and declaration

To find details of the current Affiliate subscription fee, please visit <https://snipef.org/about-us/become-an-snipef-affiliate/> and scroll to the FAQs section.

Upon receipt of your completed application form, an invoice will be issued for the current subscription year. Subsequently, the annual membership subscription will be due on **1 January** of each year.

Affiliation will only be confirmed upon payment of the subscription. For any queries or further information, please contact the SNIPEF Membership Team on 0131 556 0600 (option one) or email membership@snipef.org.

I declare that to the best of my knowledge all information submitted is correct. I fully understand the submission of any misleading information will jeopardise my affiliation. I have read and understand how SNIPEF Management Ltd manages personal data. (Privacy notice available at www.snipef.org/privacy)

Name

Signature

Job Title

Date

Please email your completed application form, along with a copy of your logo(s) to membership@snipef.org.