

## **Associate Membership Application**

## **Step 1 – About your Organisation**

Business name					
Address Line 1					
Address Line 2					
Address Line 3					
Town				Postcode	
Telephone			l		
Email					
Website					
LinkedIn					
X (Twitter)					
Main contact - Wh  Main contact name  Job title	o snould be our prin	ary contact re	garding your	membersn	p?
Telephone			Mobile		
Email			Widelia		
Places salest the	ontion that h	est descr	ihes vou	r organi	4.
Please select the  ☐ Merchant	□ Manufact		Distributor		<b>Sation:</b> □ Supplier
	_ □ Manufact	urer 🗆 🛭	-	ciation [	□ Supplier □ Technology
□ Merchant	_ □ Manufact	urer □ [	Distributor	ciation [	⊒ Supplier
<ul><li>☐ Merchant</li><li>☐ College/Training Centre</li><li>☐ Professional Services</li></ul>	□ Manufact e □ Local Aut □ Other, ple specify:	urer □ [ :hority □ h ease	Distributor	ciation [	□ Supplier □ Technology
<ul><li>☐ Merchant</li><li>☐ College/Training Centre</li><li>☐ Professional Services</li><li>Provider</li></ul>	☐ Manufact e ☐ Local Aut ☐ Other, ple specify: e you have? (if apple	urer	Distributor	ciation [	□ Supplier □ Technology
<ul> <li>☐ Merchant</li> <li>☐ College/Training Centre</li> <li>☐ Professional Services</li> <li>Provider</li> </ul> How many branches do	☐ Manufact e ☐ Local Aut ☐ Other, ple specify: e you have? (if apple	urer	Distributor	ciation [	□ Supplier □ Technology
<ul> <li>☐ Merchant</li> <li>☐ College/Training Centre</li> <li>☐ Professional Services</li> <li>Provider</li> </ul> How many branches do	☐ Manufact e ☐ Local Aut ☐ Other, ple specify: e you have? (if apple	urer	Distributor	ciation [	□ Supplier □ Technology



## **Step 2 - Contacts**

Marketing contact - w Marketing contact	Who should we contact for marketing purp	oses? (if different from above)
name		
Job title		
Telephone	Mobile	
Email		
Finance contact - who	should we send invoices to? (if different	from above)
Finance contact name		
Job title		
Telephone	Mobile	
Email		
	eland representatives – List by sletters and information on activities and	
Representative name		
Job title		
Area covered		I
Telephone	Mobile	
Email		
Representative name		
Job title		
Area covered		
Telephone	Mobile	
Email		
Representative name		
Job title		
Area covered		
Telephone	Mobile	
Email	1	



Signature	Date
submission of any misleading inform SNIPEF Management Ltd manages	leclare that all information submitted is correct. I fully understand the nation may jeopardise my membership. I have read and understand how personal data.  NIPEF website (https://snipef.org/privacy/)
Step 6 – Declaration	
	upon payment of the membership subscription. For any queries or further PEF Membership Team on 0131 556 0600 option one or email
form, an invoice will be issued for th membership subscription will be due	e current subscription year on a pro-rata basis. Subsequently, the annual e on 1 January of each year.
The annual Associate Member subs	scription fee is £326 +VAT. Upon receipt of your completed application
Step 5 – Membership fe	e
Associate Member :	
Step 4 - Your reason for Associate Member?	joining SNIPEF - Why would you like to become a SNIPEF
☐ Other (Please Specify)	
☐ Another Member	☐ Internet Search
☐ Scottish Water	□ Northern Ireland Water
<ul><li>☐ I have previously been a member</li><li>☐ Trade merchants</li></ul>	<ul> <li>□ Social Media – Twitter, Facebook &amp; LinkedIn</li> <li>□ PlumbHeat magazine</li> </ul>