



Membership Application Form 2024

Membership Application Form

Step 1 – About you

Registered Business name			
Address Line 1			
Address Line 2			
Town		Postcode	
Company Email			

If you are a limited company, please provide your company registration number: _____

Main Contact *(address that receives membership comms and our newsletter)*

Name			
Telephone		mobile	
Email			

Finance Contact *(address that invoices will be sent to)*

Name			
Email			

We like to announce new members in copies of our editions of *PlumbHeat* and *PluggedIn* as well as social media channels and we would be grateful if you could provide your details in the boxes below:

Website			
Facebook		Twitter	

Our magazine PLUMBHEAT and monthly newsletter PLUGGEDIN shows industry updates, what we are working on, member discounts and event updates.

If you do not want to receive a hard copy of PLUGGEDIN then: *Please tick*

In the first instance you will automatically receive an electronic version of PluggedIn to your email. Upon receipt you can simply unsubscribe from this mailing list at any time.

Step 2 – About your business

What type of clients does the business do work for?

- Domestic Commercial/Industrial

What type of work do you do? The categories selected will appear on our Need a Plumber website

<input type="checkbox"/> 24hr Call Out	<input type="checkbox"/> Boiler Servicing	<input type="checkbox"/> Drain Cleaning
<input type="checkbox"/> Lead Replacement	<input type="checkbox"/> Oil Heating	<input type="checkbox"/> Septic Tank Installation (not emptying)
<input type="checkbox"/> Solid Fuel Heating	<input type="checkbox"/> Roof Work	<input type="checkbox"/> Biomass Boilers
<input type="checkbox"/> Unvented HW Systems	<input type="checkbox"/> Legionella Disinfection*	<input type="checkbox"/> Legionella Risk Assessment*
<input type="checkbox"/> Ground source heat pumps *	<input type="checkbox"/> Solar Panels*	<input type="checkbox"/> Air source heat pumps *

* **Note:** Evidence of industry accepted qualifications must be submitted for these work categories. Without this, we cannot promote those categories on Need a Plumber.

What Turnover band does your company fall into? (You can base this from previous years)

<input type="checkbox"/> Less than £632,000	<input type="checkbox"/> £632,000 - £10.2 million
<input type="checkbox"/> 10.2 million – £36 million	<input type="checkbox"/> Above £36 million

Step 3 – About your Proprietors, Partners and Directors

List the names and National Insurance Numbers of the business' Proprietors, Partners and Directors

Name	Designation	NI Number (if known)	Do they carry out plumbing or heating work?
			Yes / No
			Yes / No
			Yes / No
			Yes / No

Has any Proprietor(s), Partner(s) or Director(s) listed above been connected to a plumbing, heating or related trade business that has become bankrupt or has gone into liquidation in the last 12 months?

- Yes No

If yes, please list the Proprietor(s), Partner(s) or Director(s) have been connected and note the name of the firm that went out-of-business and the date it ceased to trade.

Name	Business	Date ceased to trade

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Note, if the applicant is connected to a plumbing, heating or related trade business that became bankrupt or went into liquidation your membership application cannot be considered for 12 months from the date that business ceased to trade.

Step 4 – About your operatives

List the names and National Insurance Numbers of the plumbers and gas operatives you employ.

Name	Date of birth	NI Number	Plumber/Gas Operative

If you need more space to list your operatives, please attach a separate sheet of paper with operatives listed to your completed application.

Step 5 – About your insurance

SNIPEF member businesses are required to hold a minimum of £2M Public Liability Insurance and, where applicable, Employer’s Liability Insurance.

- Attach a current copy of the business’ Public Liability Insurance certificate
- Attach a current copy of the business’ Employer’s Liability Insurance certificate

If you cannot provide copies of your insurance now, please send these to the membership team at membership@snipef.org

Failure to supply this information will result in a delay in us processing your application and therefore delay you becoming a member.

Step 6 – Where did you hear about SNIPEF?

Let us know how you heard about SNIPEF.

- Trade merchants
- PlumbHeat* magazine
- Social Media
- Scottish Water
- Northern Ireland Water
- Internet search
- Another Member
- Other (Please Specify) _____

Step 7 – Reason for joining SNIPEF

Let us know why you'd like to become a SNIPEF member. Select as many as apply.

- Right to promote your business as a SNIPEF member and use the SNIPEF logo
 - Generating new business via SNIPEF's *Need a Plumber* website and referrals from Scottish Water/Nl Water
 - Additional funding for apprentice training
 - Joining the Approved Certifier of Construction Scheme (ACCS)
 - Access to professional advice and support on Employment, Health & Safety and Technical issues
 - Becoming a member of the WaterSafe Approved Contractor Scheme
 - Access to member only discounts on a variety of products and services
 - Joining the Holiday Credit and Sick Pay Schemes
 - Other (please specify)
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Step 8 – Declaration

- I consent to SNIPEF contacting my Local Authority Trading Standards Office or appropriate statutory bodies to confirm my trading history.
- I understand work my business has completed will be inspected by SNIPEF's Technical Inspector within six months of becoming a SNIPEF member.
- I have read and understand how SNIPEF Management Ltd manages personal data. (Privacy Notice is available on the SNIPEF website here: www.snipef.org/privacy.htm)

Upon receipt of the completed application, SNIPEF will check all the information provided before contacting you to discuss the application. A one-off application fee of £57 +VAT will be added to your invoice once we finalise the application process. The full cost of your membership will be charged once we have confirmed you have met all the required criteria.

I declare that to the best of my knowledge all information submitted is correct. I fully understand the submission of any misleading information will jeopardize my membership. I confirm all certificate copies provided are from the originals. I confirm I have read, understood and agree to comply with the [SNIPEF Duties of a Licensed Business](#). Find this on our website: www.snipef.org/about-us/structure-governance/

Signature

Date

Name

Position