

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				
Postcode				
Company email				
Company phone				
Please select the appro	opriate option to describe your business			
☐ Merchant	☐ Manufacturer	☐ Distributor		
☐ Supplier	☐ Technology provider	☐ College/ training centre		
☐ Local authority	☐ Housing association	☐ Professional services provider		
☐ Other (please specif	^f y)			
What type of products/ services do you offer?				
How many branches or outlets do you have? (if applicable)				



	gories would you like your business to be placed in? (Choose up to three)				
☐ Business Management	\square Education, Training and Professional Bodies				
☐ Heating	☐ Piping				
\square Plumbing and Heating	Products				
☐ Renewable Technology	√ □ Tools				
☐ Water					
Social media					
Website					
X (Twitter)					
Facebook					
Instagram					
LinkedIn					
Step 2 – Contacts Main Contact – Who should be our main point of contact?					
-					
-					
Main Contact – Who s					
Main Contact – Who s					
Main Contact – Who si Main contact name Job title					
Main Contact – Who si Main contact name Job title Phone Email					
Main Contact – Who si Main contact name Job title Phone Email	hould be our main point of contact?				
Main Contact – Who si Main contact name Job title Phone Email Marketing Contact – V	hould be our main point of contact?				
Main Contact – Who some Main contact name Job title Phone Email Marketing Contact – V Marketing contact name	hould be our main point of contact?				



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

Finance contact name	
Job title	
Phone	
Email	
	ves - List below any area representatives who sletters 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 S	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 SNIPI	EF		
Why would you like to become a SNIPEF Affiliate?				
Step 5 – Payment and	d declaration			
The annual Affiliate Member subscription fee is £399 + VAT.				
Upon receipt of your completed application form, an invoice will be issued for the current subscription year on a pro-rata basis. 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		

membership@snipef.org.

Please email your completed application form, along with a copy of your logo(s) to