

**ASSOCIATION OF FIRE PROTECTION INDUSTRY STAKEHOLDERS**

**FORM 1: APPLICATION FOR MEMBERSHIP**

**PART 1**

January 2014 version

**1. Particulars of applicant**

1.1. Name: .....

1.2. County within which the company/individual falls (give the additional names if there is more than one)

.....

1.3 (For companies) Date of formation:

.....

.....

1.4 (For Individuals) ID NO:

.....

.....

1.5. Postal address.....

.....

.....

1.6. Physical address:

.....

.....

.....

1.7. Contact telephone number during office hours

1.7.1. Area code: .....  
1.7.2 Number: .....  
1.7.3 Extension.....  
1.7.4 Cell phone.....  
1.7.5 E-mail address: .....  
.....

**PART 2**

**2.1 Declaration by the applicant**

2.1 Surname .....  
2.2. Initials.....  
2.3. Title.....  
2.4. I declare that the information given in this form is true and correct.  
Signature .....

**2.2 (For companies) Recommendation by existing clients.**

**2.2 .1**.....  
.....  
.....  
.....  
Name.....  
Position: .....

Sign: .....

**Official Stamp:** .....

**2.2 .2**.....

.....

.....

.....

Name.....

Position.....

Sign.....

**Official Stamp:** .....

**PART 3**

**FOR OFFICE USE ONLY**

APPLICATION APPROVED:

APPLICATION NOT APPROVED:

IF NOT APPROVED, REASONS:

FILE REFERENCE:

MEMBERSHIP NO:

RECEIPT NO:

APPROVAL DATE: