



Membership Application Form 2019/20

MANUFACTURER / SYSTEM DESIGNER

Please complete and return this form together with a copy of your logo and remittance to ensure your application can be processed to NIA, The Incuba, 1 Brewers Hill Road, Dunstable LU6 1AA or email info@nia-uk.org.

Any member wishing to apply in more than one category of membership must complete multiple applications and payments.

1. GENERAL INFORMATION

Company Name: _____
Address: _____

Postcode: _____ Main Contact Number: _____
Website: _____
E-mail address for customers to contact: _____

2. KEY CONTACT DETAILS

Name: _____
Position: _____ Direct Dial No: _____
E-mail: _____

3. ACTIVITIES UNDERTAKEN *(Please tick as appropriate)*

Cavity Wall Insulation	<input type="checkbox"/>	Loft Insulation	<input type="checkbox"/>	Draught Proofing	<input type="checkbox"/>
External Wall Insulation	<input type="checkbox"/>	Internal Wall Insulation	<input type="checkbox"/>	Roof Insulation	<input type="checkbox"/>
Floor Insulation	<input type="checkbox"/>	Acoustic/Sound Insulation	<input type="checkbox"/>	Room In Roof Insulation	<input type="checkbox"/>
Spray Foam Insulation	<input type="checkbox"/>				
Other (please state): _____					

4. AREAS COVERED

Please tick the areas that your Company covers:

Scotland Northern Ireland Wales South England (incorporating the Midlands) North England

5. MANUFACTURER / SYSTEM DESIGNER

Product/System Details:

Product/System Accreditation Details: _____

Insurance Information: Employer's liability Public liability Product liability

◆ The minimum limit of indemnity required for public / products' liability insurance is £3m any one incident or series of incidents.

6. COMMUNICATION

The NIA's main method of communication to its members is through its electronic communication tool. To ensure these reach the right person, please let us know who you would like to receive this information.

	Contact name	E-mail address	Direct Dial Telephone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

7. We confirm that the information provided herewith is accurate to the best of our knowledge.

We undertake that, we will abide by the Association's Articles, Code of Professional Practice and Conditions of Membership. The NIA retain the right to reject any application.

Signed: _____

Position: _____ Date: _____

Please return with payment and a copy of your logo to

National Insulation Association Ltd, The Incuba, 1 Brewers Hill Road, Dunstable LU6 1AA

Or email info@nia-uk.org