



# Application for Affiliate Membership

Please complete all sections and sign the declaration on page 3

## PART 1 DETAILS OF THE APPLICANT/COMPANY

Membership Applying for:	Individual:	<input type="checkbox"/>	Company:	<input type="checkbox"/>
Name of Applicant/Company:				
Head Office Address:				
Telephone:		Mobile:		
Email:		Website:		
Status: (e.g. Sole Trader, Partnership, Limited Company etc)				
Date of Incorporation:(if applicable)				
Registered office/Agent located in the UK	<input type="checkbox"/> YES		<input type="checkbox"/> NO	
Company Registration No:		VAT No: (if applicable)		
Names of any additional contacts for LRWA communication:				
Please provide the name(s) of LRWA Manufacturing, Associate or Contractor Members who will be sponsoring your application;				
Sponsors Signature / Company Name / Date:				

Accepted/rejected:
Date:



## PART 2 DETAILS OF THE BUSINESS CARRIED ON BY APPLICANT/COMPANY

*All questions must be answered*

1.	Type of Business / Service undertaken:	<ul style="list-style-type: none"> <li>▪ Insurers</li> <li>▪ Legal service providers</li> <li>▪ Training providers</li> <li>▪ Specifiers</li> <li>▪ Recruitment Consultants</li> <li>▪ Roofing Consultants</li> <li>▪ Other, please specify below:</li> </ul> <hr/> <hr/>	
2.	Are you able to demonstrate that your services comply with your industry standards and how?		
3.	Please detail below and submit evidence of levels of competence in respective field? <i>i.e. Qualifications, accreditations, professional memberships etc</i>		
4.	Does your Company carry adequate levels of Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Confirm that your company has a documented complaints procedure. <i>(copy required)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	Does the company accept and agree to comply with the LRWA Code of Practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Does the company support the activities of the LRWA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please attach copies of insurance. Complaints Procedure, Compliance and competence evidence



### **PART 3 Additional Information**

*Please add any additional information that you would like to be taken into consideration when assessing your application*

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### **PART 4 DECLARATION – TO BE SIGNED IN ALL CASES**

We, the undersigned, being an organisation engaged in the business of manufacture and/or sale/or installation of liquid waterproofings (or in the business of supplying products or services thereto), hereby apply for Membership of the Liquid Roofing and Waterproofing Association.

In the event of our application being accepted, we undertake to abide by the Code of Conduct governing the Association, which we have read and comply at all times with the 'LRWA's Policies' as shown on the LRWA website here; <https://www.lrwa.org.uk/downloads/>

Signed:		Title:	
On behalf of:		Date:	