



Membership Application Form

Please complete this form and return it to the address below :-

Name of business:

(please indicate status i.e. Ltd. etc.)

Address for correspondence:

Registered Address:

(if different to above)

Business sector/interest:

(ie Installer, Manufacturer, Fire Service etc)

Name of primary contact:

Telephone number:

Mobile:

Fax number:

email address:

Web Site :

I/We wish to apply for Membership of Residential Sprinkler Associates. I/we fully agree with the Aims & Objectives of the RSA and agree to abide by its Rules and Code of Ethics.

signed.....

name.....

(please print)

capacity.....

(i.e. Director, Proprietor, Partner etc.)

.....
For Association use only

Date application received

Approved by Council Y / N date

Subscription paid