



ASSOCIATE MEMBERSHIP APPLICATION FORM

SECTION 1: COMPANY DETAILS

Company Name:

Head Office Address:

Postcode:

Tel:

Email:

Website:

Is the company a member of any other professional association? If so, please specify which:

How long has the company been in business?

Please outline below your products/services:

Please list all branch offices with full address, postcode and telephone number. Please continue overleaf if required.

SECTION 2: SPONSOR DETAILS

Name of Sponsor (SAIF Member if possible, though not compulsory)

Address:

Postcode:

Telephone No.

Signature:

SAIF Membership No.

SECTION 3: DECLARATION

Signature:

Please print name

Date: