



# SAIF MEMBERSHIP APPLICATION FORM

## SECTION 1: COMPANY DETAILS

Company Name:

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Branch Address:

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County:

Postcode:

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Tel No.:

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Managers Email:

Website:

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Managers name including title:

Email address:

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How long has the company been in business?

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If you have any branches/offices that are associated with the funeral firm please list them overleaf

## SECTION 2: APPLICANT DETAILS

Is the applicant firm a member of any other professional association? If yes, please specify:

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How long have the owners/operating principals been practising funeral directors?

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Applicant's training qualifications:

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Applicant's previous employers and contact details:

(Please cover the last 5 years & continue overleaf if required) Please complete the reference form provided.

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## SECTION 3: SPONSOR DETAILS

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

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Address:

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Postcode:

Telephone No.

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Signature:

SAIF Membership No.

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## SECTION 4: DECLARATION

Signature of Applicant:

Print Name:

(Mr/Mrs/Miss/Miss/other)

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Please circle source of membership enquiry:

Golden Charter; SAIF Advert; personal referral; other (please specify)

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# SAIF MEMBERSHIP APPLICATION FORM

## ASSOCIATED OFFICES

Company Name:

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Branch Address:

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County:

Postcode:

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Tel No.:

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Managers Email:

Website:

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Managers name including title:

Email address:

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How is the company associated?

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Company Name:

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Branch Address:

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County:

Postcode:

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Tel No.:

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Managers Email:

Website:

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Managers name including title:

Email address:

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How is the company associated?

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Company Name:

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Branch Address:

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County:

Postcode:

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Tel No.:

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Managers Email:

Website:

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Managers name including title:

Email address:

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How is the company associated?

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(Please continue on a separate piece of paper if required)