SAIF MEMBERSHIP APPLICATION FORM

Please ensure that you read the guidelines before completing the form.

SECTION 1: COMPANY DETAILS

Company Name:

Branch Address:

County:

Postcode:

Tel No.:

Main Company Email:

Website:

Managers name including title:

Managers Email address:

How long has the company been in business?

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:

How long have the owners/operating principals been practising funeral directors? *Please see guidance notes for definition*

If you sell funeral plans, please provide the name (s) of the company:

Applicant's training qualifications:

Applicant's previous employers and contact details:

(Please cover the last 5 years & continue overleaf if required)   Please complete the reference form provided if employed for less than 5 years

Company Name	Job Title	Date Employed To and From

SECTION 3: SPONSOR DETAILS

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

Address:

Postcode: Telephone No.

Signature: SAIF Membership No.

SECTION 4: DECLARATION

Signature of Applicant: Print Name:

                                   (Mr/Mrs/Miss/Miss/other)

Please circle source of membership enquiry:

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

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ASSOCIATED OFFICES / BRANCHES

Company Name:

Branch Address:

County: Postcode:

Tel No.:

Managers Email: Website:

Managers name including title: Email address:

How is the company associated?

Company Name:

Branch Address:

County: Postcode:

Tel No.:

Managers Email: Website:

Managers name including title: Email address:

How is the company associated?

Company Name:

Branch Address:

County: Postcode:

Tel No.:

Managers Email: Website:

Managers name including title: Email address:

How is the company associated?

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