

Application for Membership (cont)

| | | | |
|---|----------------------|---|----------------------|
| Do you carry out installation work? | <input type="text"/> | Do you carry out maintenance work? | <input type="text"/> |
| Do you carry out in-house service work? | <input type="text"/> | Do you carry out electrical work? | <input type="text"/> |
| Is your company NICEIC registered? | <input type="text"/> | | <input type="text"/> |
| Is your company a member of another electrical body? | <input type="text"/> | | |
| If so please state which: | <input type="text"/> | | |
| Does your company hold ISO 9000 status? | <input type="text"/> | (If not, are you in the process of obtaining it?) | <input type="text"/> |
| Do you undertake safety training? | <input type="text"/> | Externally or internally? | <input type="text"/> |
| Do you undertake skill training? | <input type="text"/> | Externally or internally? | <input type="text"/> |
| Do you carry employee and public liability insurance? | <input type="text"/> | State the amount of cover held for each type | <input type="text"/> |
| | | | Employee £ |
| | | | Public £ |

Employers & Public Liability Insurance ...

Which company?

Policy No:

Motor Insurance ...which company?

Policy No:

We hereby apply for membership of the P.E.I.M.F. and we authorise the Federation to verify all necessary information relative to this application.

It is understood that this application is subject to the Federations Constitution as related to membership.

I attach my companys Health & Safety Mission Statement.

We enclose the fee for the current years membership

Signature of Applicant:

Application proposed by:

Application approved by:

Chairman.

* The fee will be returned in the event of the application being rejected.



PLEASE RETURN TO:

General Secretary's Office, P.O.Box 123, Malvern W R13 5YD

Telephone: 01 886 880081. Fax: 01 886 880082. E-mail: peimf@aol.com

<http://members.aol.com/peimf/>