

## **PSSA APPLICATION FORM: ASSOCIATE MEMBERSHIP**

**FROM:**

Name of organisation

**ADDRESS:**

**TELEPHONE:**

**WEBSITE:**

**PERSON MAKING  
APPLICATION:**

**EMAIL ADDRESS:**

**MOST RECENT  
ANNUAL TURNOVER:**

We hereby apply for ASSOCIATE membership of the PSSA and our organisation is best described as follows:

We have read and understand the criteria for becoming an ASSOCIATE member of the PSSA and in support of our application we hereby confirm we:

- Agree to accept the terms and conditions of the Memorandum and Articles of Association of PSSA together with its Byelaws (available on request) and undertake to pay such annual subscription as shall from time to time be fixed by the Association in General Meeting.
- Agree to abide by the membership criteria applicable and understand that a minimum of 6 months notice in writing is required to be given by us in the event that we choose to terminate our membership. Membership fees at normal rate will be charged for the notice period. In writing shall include in electronic form such as email or fax provided that there is either electronic proof of delivery or an actual acknowledgement of delivery.
- Understand that our application is subject to approval by the Management Council of the PSSA.
- Agree to pay the appropriate annual subscription as set by the Association.
- We agree that once this form is returned to the PSSA office an invoice will be sent.

**SIGNED BY:**

**PRINT NAME:**

**DATE:**