

PSSA APPLICATION FORM: FULL MEMBERSHIP

FROM:

Name of organisation

ADDRESS:

TELEPHONE:

WEBSITE:

PERSON MAKING APPLICATION:

EMAIL ADDRESS:

MOST RECENT ANNUAL TURNOVER:

We hereby apply for FULL membership of the PSSA and our business is best described as (tick which is most appropriate from the list below):

- | | |
|---|-----|
| 1. Manufacturer/supplier | [] |
| 2. Manufacturer/supplier and installer of own products | [] |
| 3. General Installer/Contractor/Project Management organisation | [] |
| 4. Product testing organisation | [] |
| 5. Other (please state) | [] |

We have read and understand the criteria for becoming a FULL member of the PSSA and in support of our application we provide the following information with it: (please email documents to admin@pssasecurity.org)

- | | |
|--|-----|
| 1. Proof that we have been trading for at least 3 years | [] |
| 2. A copy of our current ISO9001 accreditation | [] |
| 3. A copy of our current health and safety policy plus evidence that we either have our own employed health and safety manager or that we have an externally retained advisor (in which case please provide name and contact details) | [] |
| 4. Copy of our Environmental policy | [] |
| 5. Evidence of our average or better credit risk rating (Experian report or similar) | [] |

Companies who have applied under the category of General Installer/Contractor/Project Management organisation should also provide the following: (please email documents to admin@pssasecurity.org)

- | | |
|--|-----|
| 7. Proof of being on the formal relevant approved supplier list of at least 2 separate government departments or utility companies or Major Contractors with PLC status. This can be approval directly by the organisations themselves or via Achilles or Building Confidence or Constructionline certification. | [] |
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8. Evidence of a Health & Safety accreditation to any scheme included in the current list ofSSIP approved schemes (Safety Schemes in Procurement), for example, CHAS. []

- 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.
- We 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.
- We understand that our application is subject to approval by the Management Council of the PSSA.
- We 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: