

Automatic Entrance Systems Installers Federation
Introductory Membership Application Form

AESIF use only

Ref: 0 0 1 _ _ _ _

Membership No:

Training Centre Id No:

To avoid any delays in processing your application for membership it is imperative that this application form be completed as fully as possible. The federation exists to represent the interests and standards of manufacture, construction, design and the installation of automated Gate, Door, and Barrier systems in the United Kingdom. As such this application form is designed to gather a true picture of the various sectors within our industry, to supply accurate information, which in turn enables AESIF to best serve each of its members.

Company Detail Section:

***DELETE AS APPLICABLE**

SURNAME: _____

FORENAME(S)/INITIAL(S): _____

BUSINESS NAME: _____

ADDRESS: _____

POST TOWN: _____

COUNTY: _____ TYPE: *Home / Business *Rented / Owned

POST CODE: _____ BUSINESS TYPE: *Sole Trader Partnership Limited/PLC

TITLE: *Mr/Mrs/Miss/Ms Other _____

MEMBER CATEGORY: *Full / Introductory N.I. NUMBER: _____ D.O.B: _____

TELEPHONE: AREA CODE _____ NUMBER _____

FAX: AREA CODE _____ NUMBER _____

COMPANY REG. No: _____ TRADING PERIOD: _____ yrs. No. EMPLOYEES: _____

EMAIL / WEB ADDRESS: _____

TRADE / PROFESSION: _____

Note: Payment for your initial Membership Subscription must be enclosed with this completed form. Payment can be made by either cheque, postal order and made payable to AESIF. Subsequent annual membership payments can be made by cheque or by completing the Standing Order Instructions below. Under no circumstances send cash through the post.

ANNUAL SUBSCRIPTION 1st Sept to 31st Aug FULL / INTRODUCTORY : £279.00 (See notes part C on member notes sheet for guidance).

Year of application:-	Sept - Nov			
Subscription rate:- ()	£279.00			
Plus Induction and trade verification rate:-				

The Standing Order Form below allows AESIF, with prior notice given, to draw your Annual Membership Subscription and Annual Assessment Visit.



Please fill in the whole form and send it to: AESIF Comp. Secretary.
 AESIF House Unit 7 Parkway Court Bilborough Nottinghamshire. NG8 4GN.
 United Kingdom

Name and full postal address of your bank or Building Society branch:

To: The Manager.....Bank/Building Society

Address.....

.....Post code.....

Name of account to be debited

Bank or Building Society's A/C Number

Branch sort code

SignatureDate:

Please pay

Bank	Branch Title	Sorting Code number
GIROBANK PLC	BOOTLE	72-00-03

For the Credit of

Beneficiary's Name	Account Number	Quoting reference
AESIF	58015480	0 0 1 _ _ _

For the sum of

Amount in figures	Amount in words
£279.00	Two Hundred & Seventy Nine Pounds, Only

Commencing

Date of first payment	Amount of first payment	Due Date Yearly
01 - Sept - 09	£279.0	1st Sept

--	--	--

Until further notice in writing and debit my account accordingly.