

# THE ROOFLIGHT ASSOCIATION FULL MEMBERSHIP APPLICATION FORM



Please complete all sections.

Company name:

Main contact:

Job title:

Phone number:

Website:

Address:

  
  

Postcode:

Email:

## Type of organisation *(tick which applies)*

- Manufacturer
- Wholly-owned subsidiary
- Designer

## Declaration

I/We the undersigned having carefully read the Membership Eligibility & Code of Practice and Articles of Association for The Rooflight Association, do hereby agree to abide by the same.

## Privacy policy

You agree that we process your personal data. We do not pass these on to third parties.

Today's Date: