

THE ROOFLIGHT ASSOCIATION INDIVIDUAL MEMBERSHIP APPLICATION FORM



Please complete all sections.

Name:

Address:

Job title:

Phone number:

Postcode:

Email:

Status *(tick which applies)*

Sole Trader / Freelance

Employed

Employed by:

Business website:

Nature of work *(tick which applies)*

Specifier

Consultant

Inspector

Other - please specify

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.

Signed

Privacy policy

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

Signed