

THE ROOFLIGHT ASSOCIATION INSTALLER MEMBERSHIP APPLICATION FORM



Please complete all sections.

Company name:

Address:

Main contact:

Job title:

Postcode:

Phone number:

Email:

Website:

Type of organisation *(tick which applies)*

- Glazing Installer
 Roofing Contractor
 Building Contractor

Annual business turnover *(tick which applies)*

- Up to £1m PA
 Up to £3m PA
 Over £3m PA

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.