

Membership Services Survey 2007/8

In order to ensure that the services we offer fully reflect the needs of your business, please take a couple of minutes to complete and return this survey. This information will be used to prioritise activity in this area and ensure we implement the type of services that will be most beneficial to your company. If you have any suggestions in the category of other that run over the space provided please enclose details on a separate A4 sheet of paper entitled Membership Survey Cont'd.

	PROPOSED ACTIVITY	YES	NO
DISCOUNTED INSURANCE	PUBLIC/EMPLOYER LIABILITY		
	COMMERCIAL VEHICLE/TOOLS		
	PREMISES/CONTENTS		
DISCOUNTED ACCOUNTANCY HELPLINE	VAT		
	COMPANY ACQUISITION		
	CAPITAL GAINS/INHERITANCE TAX		
	CORPORATION TAX		
DISCOUNTED BUSINESS HELPLINE	EMPLOYMENT		
	COMPANY LAW		
	COPYRIGHT		
	HEALTH & SAFETY		
	CONSUMER PROTECTION		
	PAYROLL		
	COMMERCIAL LAW		
DISCOUNTED LEGAL ADVICE	LEGAL HELPLINE		
	REDUCED CONSULTATION RATE		
DISCOUNTED TRAINING COURSES	TECHNICAL		
	ISO 9001 QUALITY MANAGEMENT		
	ISO 14001 ENVIRONMENTAL MANAGEMENT		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
DISCOUNTED ADVERTISING	CONSUMER MAGAZINES		
	TRADE MAGAZINES		
	LOCAL/NATIONAL NEWSPAPERS		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
DISCOUNTED TRANSPORT COSTS	AA/RAC MEMBERSHIP		
	VEHICLE LEASING/HIRE		
	FUEL		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
DISCOUNTED CONSUMABLES	TOOLS		
	EQUIPMENT		
	INDUSTRIAL CLOTHING		
	STATIONERY		
	PRINTING		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
AFFINITY DEALS (MEMBERSHIP ALLIANCES)	HOTEL ACCOMMODATION		
	MEETING/CONFERENCE ROOMS		
	MOBILE/TELEPHONE BILLING		
	RECRUITMENT AGENCIES		
	MARKETING/PR AGENCIES		
	BANKING		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
UK TRADE EXHIBITIONS	PREFERENTIAL STAND RATES		
	REPRESENTATION ON NIA STAND		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
STAFF BENEFITS	GYM MEMBERSHIP		
	PENSION PLANS		
	HEALTH INSURANCE		
AUDITS	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		
	ENVIRONWISE VISIT TO REDUCE WASTE, INCREASE EFFICIENCY & RAISE PROFITS		
	CARBON TRUST VISIT TO REDUCE CARBON FOOTPRINT		
	OTHER (Please indicate if additional information has been supplied on a separate sheet of A4)		

PLEASE OUTLINE BELOW OR ON A SEPARATE A4 SHEET OF PAPER ANY OTHER ACTIVITY YOU FEEL WOULD BE BENEFICIAL TO YOUR COMPANY.



NATIONAL INSULATION ASSOCIATION

2 Vimy Court, Vimy Road, Leighton Buzzard, LU7 1FG

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www.nationalinsulationassociation.org.uk



Membership Renewal/Application Form

Please complete and return the form with payment to the NIA, 2 Vimy Court, Vimy Road, Leighton Buzzard, LU7 1FG. Any member wishing to apply in more than one category of membership must complete multiple applications and payments.

We wish to renew/apply for membership of the National Insulation Association as a:
(Please tick appropriate box)

Manufacturer/System Designer Installer Associate

1. General Information

Company Name: _____

Address: _____

Post Code: _____

Tel No: _____ Fax: _____

E-mail Address: _____

Website: _____

2. Key Contact Details

Key Contact: _____

Position: _____ Direct Dial No: _____

E-mail Address: _____

3. Activities

Cavity Wall Insulation Loft Insulation Draught Proofing Solid Wall Insulation

Other (please state): _____

Each application for membership should be for only one of the following types: Manufacturer/System Designer, Installer or Associate Member. Those who wish to be members in more than one category must make multiple applications and payments. (Please complete one section from 5, 6 or 7)

4.**SUBSCRIPTION RATES 2007/8:**Manufacturer/System Designer £2999 + VAT = **£3523.83**Installer £999 + VAT = **£1173.83**Associate £2999 + VAT = **£3523.83**

Please tick the areas that your Company covers as these will be advertised on our website, potential customer postal lists and you will be sent forum invites for these areas.

Scotland Northern Ireland North East North West & North Wales Midlands South East South West & South Wales **5. Manufacturer/System Designer**

Product types: _____

Brands: _____

Standards appropriate: _____

Approximate turnover: (Please tick appropriate box)

Up to £1 million Up to £5 million Over £5 million **6. Installer**No of Depots: 1 2-6 Over 6 Do you require NIA information to be sent to alternative depots, other than that named under the General Information section? Yes No

If you answered yes please list all depots that you would like listed on a separate sheet of A4 paper.

Products:

Cavity Wall Insulation: Glass Wool Rock Wool Foam e.p.s beads Loft Insulation: Blown Wool: Glass Rock Quilt: Glass Rock Blown Cellulose

Other (Please specify) _____

Draught Proofing:

Product Details: _____

Solid Wall Insulation: Internal External

Product Details: _____

Do you carry out CWI removal? Yes No **6. Installer cont'd**

Turnover:

Less than £250,000 £250,000-£500,000 £500,001-£999,999 £1 million-£6 million Over £6 million

Standards complied with:

BBA Installer No: _____ BSI Installer No: _____ CIGA No: _____

Loft Insulation BS 5803: 1985 Draught Proofing BS 7880: 1997

Public Liability Insurance Cover (amount) £ _____

Minimum amount required £3m

Employers Liability Insurance Cover (amount) £ _____

Insurance Company _____

Brokers _____

Approximate Size of Company:

(No. of staff members) 1-5 6-20 Over 20 **7. Associate Membership**

Nature of business: _____

Reasons for joining the Association:

Approximate Turnover:

Less than £250,000 £250,000-£500,000 £500,001-£999,999 £1 million-£6 million Over £6 million **Application Checklist**

Before sending your renewal/application back, check you have enclosed the following:

- Completed Application Form
- Payment Cheque
- Insurance Certificate/Letter (to whom if may concern)
- Additional Depot Information (if applicable)

Upon request New Members Only:

- Certificate of incorporation & letterheading
- Accounts for a period ending within 18 months
- Three Client References

8.

We confirm that the information provided herewith is accurate to the best of our knowledge.

We undertake that, we will abide by the Association's Articles, Code of Professional Practice and Conditions of Membership, as laid down by the Council.

Signed: _____

Position: _____ Date: _____