



MEMBERSHIP APPLICATION FORM

APPLICANTS PARTICULARS

Name:

Company Name:

Address:

Business Address:

Phone: Mobile: Fax:

E-Mail: Website:

Company Type: Sole Trader
(Please tick as Appropriate) Limited Company
 Other (Please give details)

TECHNICAL PARTICULARS

Name of Company/Person to whom apprenticeship was served:

Name:

Address:

Training Period: From ___ / ___ / ___ to ___ / ___ / ___

Fás or Anco Apprenticeship No:

EXAMINATIONS TAKEN

	Yes	No
Fás/Anco:	<input type="checkbox"/>	<input type="checkbox"/>
Junior Trades Certificate:	<input type="checkbox"/>	<input type="checkbox"/>
Senior Trades Certificate:	<input type="checkbox"/>	<input type="checkbox"/>
National Craft Certificates:	<input type="checkbox"/>	<input type="checkbox"/>
City & Guilds Course No:	<input type="checkbox"/>	<input type="checkbox"/>
Part 1:	<input type="checkbox"/>	<input type="checkbox"/>
Part 2:	<input type="checkbox"/>	<input type="checkbox"/>
Part 3:	<input type="checkbox"/>	<input type="checkbox"/>

ECSSA Membership No:

RECI Membership No:

Are you a Member of any other Trade Organisation?: Yes No
(If yes please give details)

OFFICIAL/TRADING

Commenced Business: ___/___/_____

Certificate of Incorporation No./Sole Trader:

Registration No:

Name of Insurance Company/Broker:

Amount of Public Liability Indemnity:

Amount of Employers Liability Indemnity:

Policy No:

Names and addresses of firms, by which, employed after completion of training:

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STAFF DETAILS

Total no. of employees (including Management):

Types of Work undertaken:

(Please tick as Appropriate)

Industrial Installation

Other Maintenance

Commercial Installation

Burglar Alarms

Domestic Installation

Fire Alarms

Agricultural Installation

Specialist *(Please Specify)*

Industrial Maintenance

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I confirm that all the answers given above are true and accurate.

If accepted as a Member, I agree to comply with all rules and regulations of the Association.

Signed: Date:



A.E.C.I.

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