

## Membership Application

### 1. Contact Details

*Notes*

Registered business name:	
Trading name (if different):	
Main trading address including postcode:	
Telephone:	Main email address:
Mobile:	
Email address you wish to be contacted on:	Main website address:
Company registration number (if Ltd):	VAT registration number: <i>All applicants <b>must</b> be registered for VAT.</i>
Main contact name for BBSA correspondence:	

*Please send a photograph of your business premises if possible*

### 2. Date business commenced trading (a minimum of three years continuous trading is required)

Day	Month	Year

### 3. Proprietor or Directors' names

Name	Position

### 4. Is the organisation applying for membership connected to any other business or part of a group of companies?

Yes  No

*4. Here please detail any sister companies and if the business is a subsidiary, please state holding company details*

If Yes, please detail company(ies) and relationship:

### 5. Do you pay business rates?

Yes  No

*5. If you do not pay business rates you **MUST** submit a letter of exemption from your local rating office*

**6. Have you or any person connected with your organisation had any previous association with the BBSA?**

Yes  No

If Yes, please provide details:

**7. Have you or any person connected with the organisation applying for membership had involvement with a company or companies that have become insolvent?**

Yes  No

If Yes, please provide details:

**8. Have there been any County Court Judgements against the business applying for membership in the last five years?**

Yes  No

If Yes, please provide details:

**9. Have you been involved in any legal disputes in the last three years, even if that legal dispute was settled out of court?**

Yes  No

If Yes, please provide details:

**10. Insurance cover**

Please tick to indicate your business insurance cover:

Product Liability   
Public Liability   
Employers Liability

*10. Please ensure you provide a copy of your insurance certificate(s) with your application*

**11. What percentage of your business turnover is related to the blind and shutter industry?** \_\_\_\_\_ %

**12. Number of employees including Directors/Owners**

Administration	
Sales	
Works	
Installation	
Other	
<b>Total Employees</b>	

*12. Include everyone who works in the organisation. For part-time staff show as full-time equivalents*

**13. Please provide details of two trade suppliers from the blind and shutter industry whom we may approach regarding your application**

*13. Please only supply referees with whom you have been trading for a minimum of twelve months*

Company:	Company:
Address:	Address:
Contact Name:	Contact Name:
Email:	Email:
Tel:	Tel:
How long have they supplied you?	How long have they supplied you?

**14. Do you operate an effective Health & Safety Policy?**

Yes  No

*14. If yes, please include a copy of your policy statement and the index page from your procedures manual*

**15. Do you operate an active staff training policy and maintain records?**

Yes  No

*15. If yes please include a copy of your policy statement and a copy of a training record*

**16. Do you provide written method statements?**

Yes  No  Not applicable

*16. If yes please provide an example method statement*

**17. Do you undertake risk assessments for operations on own premises and on site?**

Yes  No  Not applicable

*17. If yes, please provide an example risk assessment*

**18. Detail your key markets by percentage of sales:**

Domestic	%	Commercial / Contract	%
Trade	%	Other	%

**19. Do you operate a complaints procedure and maintain records?**

Yes  No

*19. Please provide an example of recent customer feedback*

**20. Do you actively monitor customer feedback and keep records?**

Yes  No

**21. What are the main areas where you expect the BBSA to offer your business help and advice?** (Please tick all that apply)

Make it Safe	<input type="checkbox"/>	Risk assessment	<input type="checkbox"/>
ShadeIT	<input type="checkbox"/>	Networking	<input type="checkbox"/>
Openings	<input type="checkbox"/>	Guidance Notes	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	CSCS Cards	<input type="checkbox"/>
Training	<input type="checkbox"/>	Website	<input type="checkbox"/>
Improve Sales	<input type="checkbox"/>	Money Saving	<input type="checkbox"/>
Other (please specify)			

**22. DECLARATION BY APPLICANT**

If elected I/we hereby agree to abide by the Constitution and Codes of Practice of the BBSA, copies of which I/we acknowledge receipt.

I/we agree to pay all subscriptions and dues immediately on request. I/we understand that failure to provide accurate and truthful information may result in termination of membership.

I/we accept that the decision of the BBSA’s Managing Committee regarding this application for membership is final and that no further correspondence or reasons regarding the decision made can be entered into.

I/we understand that as part of the assessment of my/our application the BBSA will make a search with a credit reference agency and will keep a record of that search. I/we understand that the BBSA may also make enquiries about the principal directors with a credit reference agency.

I/we confirm that I/we have not been involved in any conduct which in the opinion of the BBSA Directors would bring the BBSA into disrepute.

Signed:	Position:
Name (Capitals):	Date:

**Please note:**

**We cannot process your application unless you have provided all the information and documentation requested (and applicable). Please refer to the Application Checklist below.**

**Your Application Checklist**



Photograph of premises	<input type="checkbox"/>	Risk assessment	<input type="checkbox"/>
Insurance certificate(s)	<input type="checkbox"/>	Staff training policy & example training record	<input type="checkbox"/>
Letter of exemption of rates	<input type="checkbox"/>	Customer feedback	<input type="checkbox"/>
H&S Policy & index	<input type="checkbox"/>	Signed declaration (above)	<input type="checkbox"/>

*Please provide copies of all relevant documents*