

Membership Application Form 2010

Please fill in all sections of the application form where applicable.

1. Full name of registered company:

Trading Name (if different from the above).

Names of Directors, Partners or Proprietor with details of any previous appointment with companies associated with the lighting industry.

Parent Company/Subsidiary Companies.

2. Date Established:

3. Registered Address

Company Number:

4. Business Address:

Postcode:

5. Telephone Number:

Fax Number:

General E-mail Address:

Website:

6. In order for you to gain the maximum benefit from your membership it is important that we have the correct contact details below.

General correspondence to Mr/Mrs/Miss/Ms	Email Address
Technical correspondence to Mr/Mrs/Miss/Ms	Email Address
Accounts correspondence to Mr/Mrs/Miss/Ms	Email Address
MD / CEO correspondence to Mr/Mrs/Miss/Ms	Email Address
Buying correspondence to Mr/Mrs/Miss/Ms	Email Address
Marketing correspondence to Mr/Mrs/Miss/Ms	Email Address
P R correspondence to Mr/Mrs/Miss/Ms	Email Address
Sales correspondence to Mr/Mrs/Miss/Ms	Email Address
Training correspondence to Mr/Mrs/Miss/Ms	Email Address

Please tick the boxes below relevant to the products you supply / manufacture

- | | |
|--|---|
| <input type="checkbox"/> Table Lamps | <input type="checkbox"/> Novelty & effects lighting |
| <input type="checkbox"/> Pendant & single light fittings | <input type="checkbox"/> Fluorescent fittings |
| <input type="checkbox"/> Chandelier & multi arm fittings | <input type="checkbox"/> Street & area lighting |
| <input type="checkbox"/> Floor lamps | <input type="checkbox"/> High bay lighting |
| <input type="checkbox"/> Wall lights | <input type="checkbox"/> Low voltage lighting |
| <input type="checkbox"/> Spotlights | <input type="checkbox"/> LEDs |
| <input type="checkbox"/> Track lighting | <input type="checkbox"/> Lamps/bulbs |
| <input type="checkbox"/> Flush fittings | <input type="checkbox"/> Lampshades |
| <input type="checkbox"/> Uplighters | <input type="checkbox"/> Lighting controls |
| <input type="checkbox"/> Down lighters | <input type="checkbox"/> Ballasts |
| <input type="checkbox"/> Lighting suitable for children | <input type="checkbox"/> Components |
| <input type="checkbox"/> Outdoor lights | <input type="checkbox"/> Lighting Control Systems |
| <input type="checkbox"/> Security lighting | <input type="checkbox"/> Energy Efficient products |
| <input type="checkbox"/> Emergency lighting | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Fibre Optics | |

7. Where did you first hear about The Lighting Association?

Trade Journal	<input type="checkbox"/> Yes <input type="checkbox"/> No	Title:
Other Member	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state:
Website/Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state:
Other Source	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state:

I/We wish to apply for admission as a full member of the Lighting Association and I/We agree, in the event of my/our election to membership to become members and to be bound by the Memorandum and Articles of Association of the Lighting Association which is a company limited by guarantee and not having a share capital.

Membership annual subscriptions will be based upon a member's turnover in the previous financial year as shown in its statutory accounts. Where a member sells products other than those directly related to lighting, only sales of products appertaining to lighting will be included in the annual turnover. Where a company commences trading for the first time they will commence membership as band one members.

This application should be accompanied by your cheque for the joining fee of £250.00 plus VAT (£293.75), which is non-refundable. This one off fee covers all administration in connection with your company's application including a visit to your company by a senior representative of the Lighting Association who will review and assess existing quality systems. A report will be issued highlighting any corrective actions considered necessary to meet with EU Regulations and CoP Accreditation requirements.

We also require payment of your first years annual subscription as per the table below. (Note: If you are applying for membership between July and December inclusive, only 6 months subscription fee will be payable. At all other times 1 year's full subscription fee will be payable.)

The ten bands of annual membership subscriptions are currently as follows.

Please select your company's band.

Band	Annual Turnover (in lighting)	Membership (£)	Please Select
One	Less than £250,000	524.00	<input type="checkbox"/>
Two	Between £250,000 and less than £500,000	657.00	<input type="checkbox"/>
Three	Between £500,000 and less than £1m	789.00	<input type="checkbox"/>
Four	Between £1m and less than £2m	1,046.00	<input type="checkbox"/>
Five	Between £2m and less than £3m	1,324.00	<input type="checkbox"/>
Six	Between £3m and less than £5m	1,743.00	<input type="checkbox"/>
Seven	Between £5m and less than £7m	2,094.00	<input type="checkbox"/>
Eight	Between £7m and less than £9m	2,454.00	<input type="checkbox"/>
Nine	Between £9m and less than £10m	2,789.00	<input type="checkbox"/>
Ten	Over £10m	3,485.00	<input type="checkbox"/>

All prices stated above **exclude VAT**

8. Trade Mark (if any)

9. Turnover

I. Total annual turnover of lighting/lighting components in previous financial year. £ sterling:
£

II. Please supply a lighting catalogue or a description of ranges.

III. Specify any other goods distributed/manufactured:

10. Date applicant commenced selling lighting in the UK or exporting from the UK:

11. VAT registration number:

12. References

I. Bankers

I/We agree to give the names of the following two UK companies from whom I/We have been supplied with goods/services where possible, for one year or more. The Lighting Association will take up references for submission with this application to Council of Management.

II. Company Name:

Address :

Tel No :

III. Company Name:

Address:

Tel No:

13. Names and addresses of any retail outlets in the United Kingdom controlled by the applicant:

14. I/We agree to provide the Lighting Association with details of our turnover for the sale of lighting products for each financial year whilst I am/We are a member.
15. I/We accept that every member of the Lighting Association undertakes to contribute to the assets of the Association in the event of the Association being wound up whilst they are a member, or within one year after they cease to be a member for the debts and liabilities contracted before they cease to be a member, such amount as may be required not exceeding £5.00.(five pounds)
16. I/We accept that if we are established or incorporated outside the UK and do not directly sell lighting products in the UK, we must establish to the Council of Management's satisfaction that I/We have a sole UK agent or stockist for the sale of our lighting products in the UK (the UK persons or company being responsible for conducting all business in the UK).
17. I/We agree that I/we will promptly provide to the Lighting Association as it may from time to time reasonably request information concerning my/our turnover arising from the sale and/or distribution of lighting products and details of the numbers of persons employed within the company.
18. **Exhibitions**
Preferential participation rates will be given to full members for The Lighting Show in the UK organised annually by United Business Media. There is also the opportunity to participate in overseas exhibitions with the possibility of DTI(UK Government) grant assistance.
19. **Electrical Regulations**
I/We have completed the technical questionnaire to accompany this application.

I/We accept that on becoming a member of the Lighting Association I/We must furnish written evidence acceptable to the Lighting Association, within three months, that all products manufactured, distributed, imported or sold by me/us in the UK, comply with applicable UK electrical safety regulations relating to electrical equipment (the Code of Practice being the summary for compliance) and that verification and declarations of conformity will be required on an annual basis.

I/We agree to participate in the Lighting Association Code of Practice for the safety of Luminaires Scheme within 12 months of being accepted into membership. Alternatively, we undertake to provide the Association with annual evidence of our ISO 9000 certification. **NB.** This is for the participant's own protection in order to assist with the production and distribution of electrically safe products.

20. Payments - Terms of Trading

The Association's normal terms of trading are strictly net 30 days receipt of invoice for goods and services.

I/We confirm that I/we will pay all subscriptions and other fees payable by me/us on the due date and that the information provided by me/us in this application is true and complete.

21. Signature:

Date:

Print Name:

Position:

Quality Control Analysis Questionnaire

1.	Date Questionnaire Completed:	
2.	Completed by:	
3.	General	
	3.1 Company Registered Name and Office Address:	
	3.2 Factory/Warehouse Address if different from above:	
	Telephone:	Fax:
	3.3 Person to be contacted about technical matters:	
4.	Type(s) of lighting produced:	
	4.1 Details of operational systems covering any imported goods	
5	Operational Details	
	5.1 Name a principal person responsible for production if different from technical contact:	
	5.2 Name a principal person responsible for quality control if different from technical contact:	
	5.3 Is the company registered to ISO 9000: 2000 ? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please attach a copy of the Registration Certificate)	

Quality Control Analysis Questionnaire continued

	5.4 Does the Applicant maintain documented quality control procedures relating to:		
	Purchasing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Goods-inwards inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Assembly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Routine testing and calibration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Type test certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6	Other Requirements		
	6.1 Are appropriate declarations of conformity held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6.2 Is purchase of fully assembled luminaires from other companies undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6.3 Are checks and tests on these luminaires undertaken?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	6.4 Are product recall procedures in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Note: Questions 5 and 6 are intended to indicate the degree of compliance with UK Statutory Safety Regulations.			
Name of Company:			
Signed:		Date:	
Name (please print):			

Registered Office: Stafford Park 7 Telford Shropshire TF3 3BQ England

Tel: +44 (0) 1952 290905 **Fax:** +44 (0) 1952 290906 **Email:** enquiries@lightingassociation.com **Web:** www.lightingassociation.com

Registered in England No: 1325025 VAT Reg. No. GB 927 4213 29 Company Secretary: R Rogers A company limited by guarantee and not a share capital