



# MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Office use Only
Member No.:
Date Received:

Email Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

ECSSA Membership Number (if applicable): \_\_\_\_\_

Mobile No: \_\_\_\_\_

Please tick any areas of Electrical Work in which you have particular expertise or experience so that we will be in a position to advise potential customers should they contact us seeking details of contractors who are competent to carry out certain types of work.

- |                         |                          |                    |                          |                    |                          |
|-------------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| Domestic                | <input type="checkbox"/> | CCTV               | <input type="checkbox"/> | MV Installations   | <input type="checkbox"/> |
| Commercial              | <input type="checkbox"/> | Access Control     | <input type="checkbox"/> | Public Lighting    | <input type="checkbox"/> |
| Industrial              | <input type="checkbox"/> | Intruder Alarms    | <input type="checkbox"/> | Atex Installations | <input type="checkbox"/> |
| Agricultural            | <input type="checkbox"/> | Emergency Lighting | <input type="checkbox"/> | Standby Generators | <input type="checkbox"/> |
| Pat Testing             | <input type="checkbox"/> | Fire Alarms        | <input type="checkbox"/> | Photovoltaic       | <input type="checkbox"/> |
| Power Factor Correction | <input type="checkbox"/> | Thermal Imaging    | <input type="checkbox"/> | Wind Turbines      | <input type="checkbox"/> |

Other \_\_\_\_\_

I wish to apply for Membership of ECSSA.

I understand that ECSSA will operate as a Trade & Training Association and that some of its services will be available to Members only.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please forward completed Membership Application Form together with Cheque / Postal Order/ Bank Draft for **€100** or Credit Card details to ECSSA, Coolmore House, Park Road, Killarney, Co. Kerry

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Credit Card Number:

Expiry Date:   /   CVV Last 3 digits:

Name of Card Holder \_\_\_\_\_

(Name that appears on Card):