



ASSOCIATION OF DUCTWORK CONTRACTORS & ALLIED SERVICES

FULL MEMBERSHIP APPLICATION FORM

[Please complete ALL the form and return to ADCAS at FETA]

Full Company Trading Name:

Address

Post Code

Telephone Number:

Fax Number:

Email Address:

Web Address:

Name of Managing Director / Partner:

Company Registered Address (if different from above)

Company Registration Number:

Name of all Other Directors / Partners

Annual Turnover as stated in Last Audited Accounts:

Date Last Audited Accounts Submitted:

Please complete this turnover analysis as % of Annual Sales:

- | | |
|---------------------------------|--------------------------------------|
| a) Ductwork Contracting | f) Commissioning & Testing |
| b) Fabrication Only | g) Kitchen Canopies & Hoods |
| c) Erection Services Only | h) Plastic Ductwork & Fume Cupboards |
| d) Draughting/CAD Services Only | i) Other Allied Services |
| e) Fire Resistant Ductwork | |

Has your company been established more than 2 years?

YES

NO

[please circle as appropriate]

Do you operate under a formally approved Q.A. System? YES NO

If "YES", give details of Certifying Body & Approval:

Do you have a formal Health & Safety Policy document? YES NO

Do you formally recognise any Trade Union in respect of either Fabrication or Erection Services? YES NO

If "YES", state which Service and Union

Name of your Insurance Company or Broker:

Address

Post Code

Public Liability Policy Number:

Public Liability Renewal date:

Public Liability Insurance Indemnity Limit (At any one Event):

FULL MEMEBERSHIP

Please indicate the Band within which your Turnover/Sales is represented. The Bands can be seen on the page along with the relevant current subscription which includes VAT.

Band: Subscription £

Turnover/Sales should be calculated as indicated in the relevant clauses in the Constitution and Rules.

Declaration (Please note the application form may only be signed by the **Chairman** or a **Director/Partner**).

I, the undersigned, on behalf of the above named Company/Business do hereby formally apply for Full Membership of the Association of Ductwork Contractors and Allied Services. If elected to Membership, we undertake to abide by the Constitution and Rules and uphold all undertakings given by the Association. Furthermore, we certify that the information given is correct to the best of our knowledge and belief.

To be provided if elected - Name:

Date:

Position:

For Office Use Only

Referee 1 : Checked

Referee 2: Checked

Date Approved:

Name:

Position:

Please give details of two referees whom the Association may contact. One referee must be within your own sector of the industry, and one should be either a **Client**, a **Customer** or a **Consulting Engineer**.

Referee 1

Personal Contact Name:

Company/Business Name:

Address:

Post Code:

Telephone Number:

Fax Number:

Referee 2

Personal Contact Name:

Company/Business Name:

Address:

Post Code:

Telephone Number:

Fax Number:

ADCAS Membership Bands with Subscription Rates

Band	Turnover/Sales	Subscription
A	Up to £250,000	£293.75
B	Up to £500,000	£587.50
C	Up to £1,000,000	£881.25
D	Up to £5,000,000	£1175.00
E	Up to £5,000,000	£1762.50
F	Over £5,000,000	£3525.00