



2016-2017 SIGB Full Membership Application

There are 3 categories of SIGB Membership - Full, Retail and Travel.

This form should be completed by those applying for **Full** SIGB Membership.

All relevant sections of this application form must be completed and returned to SIGB with your completed direct debit mandate.

All applications will be considered by the SIGB Committee and, immediately following ratification, membership details will be forwarded. The membership year runs from 1 May to 30 April.

Company Name: _____

Contact: _____

We, the undersigned wish to apply for membership of Snowsport Industries of Great Britain (SIGB) in the following category:

A. Full Membership

Annual Membership Fee £100

Joining Fee (if applicable) £150

We understand that in order to qualify for membership-

1. We must operate a commercially viable business in the manufacture and/or distribution of snowsports product in Great Britain and supply more than 30 retail outlets.
2. We must have been involved in the Snowsport Trade for a minimum of one year.
3. We must give two referees who are full members of the SIGB or, if new to the Snowsport trade, we will supply a letter detailing the background and extent of our business.
4. We enclose a Direct Debit Mandate for payment of fees. The cost in the first year will be £250 which includes £150 joining fee and £100 annual subscription.
5. We agree that, if we are admitted to SIGB, we will abide by the rules of the constitution.

Direct Debit Mandate enclosed

Signed _____

Print Name _____ **Date** _____

Referees Please provide the names of two SIGB Full Members who are willing to support your application

Proposer _____ **Company** _____

Secunder _____ **Company** _____

• Completed application together with completed Direct Debit Mandate should be sent to SIGB, 3 Coalhill, The Shore, Edinburgh, EH6 6RH.

• All applications will be considered by the SIGB Committee and, immediately following ratification, membership details will be forwarded.

Office use

Direct Debit Referees check Date accepted _____



Contact Details

1. Contact Responsible for overseeing your company's membership of SIGB, distribution of SIGB information to appropriate staff etc.

Contact Name

Position

2. Company Information

Company Name

Note that you must have the legal right to use this name.

This name will be your company's official membership name and will be used in all SIGB listings (ie. member listings, etc).

Trading As Name

Address

Post Code

Tel No.

Fax No.

Email

Web site

Type of Business Sole Trader Partnership Limited Company No. of years in Snowsport Business

Nature of Business Importer Distributor Manufacturer Agency

Other

3. Additional Contact Names For specific function areas if different to main contact

Name	Title
SLIDE/ Shows <input type="text"/>	<input type="text"/>
Finance/Credit <input type="text"/>	<input type="text"/>
Sales <input type="text"/>	<input type="text"/>
Marketing <input type="text"/>	<input type="text"/>
PR <input type="text"/>	<input type="text"/>
Advertising <input type="text"/>	<input type="text"/>
Sponsorship <input type="text"/>	<input type="text"/>
Distribution <input type="text"/>	<input type="text"/>

4. Additional Information, Distributor Members

Brand names or services that you currently supply to the trade (please continue on separate sheet if necessary)

Brand Name/Service	Type of product/service
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>
8 <input type="text"/>	<input type="text"/>