



# 2016-2017 SIGB Retail Membership Application

Please complete all relevant sections of this application form and return 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.

## 1. We, the undersigned, wish to apply for Retail Membership of Snowsport Industries of Great Britain:

### We understand that in order to qualify for membership-

- i. We must operate a commercially viable business in the retailing of snowsports product in Great Britain.
- ii. We must have been involved in the Snowsport Trade for a minimum of one year.
- iii. We must have a shop front outlet within the UK rather than solely mail order or internet sales.
- iv. Our Director(s) must not have a history of bankruptcy.
- v. If we are stockists of hardware (skis/bindings) we have/will undertake training by suppliers in mounting and adjustment of bindings.
- vi. We agree to pay our annual subscription by direct debit (completed mandate enclosed).
- vii. We agree that, if we are admitted to SIGB, we will abide by the rules of the constitution.

Signed

Print Name

Date

## 2. Annual Membership Fee

NB Please give details of all outlets on reverse of this form

### Up to 5 outlets (please tick)

- 1 outlet £50 annual fee
- 2-4 outlets £75 annual fee
- 5 outlets £100 annual fee

### More than 5 outlets

£100

+  additional outlets @ £25 each

(Maximum total fee £250) **Total**

**Direct Debit mandate enclosed**

## 3. Contact

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

Contact Name

Position

## 4. Company Information

You must have the legal right to use this name

Company Name

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

Trading As Name

Address

Post Code

Email.

Fax no.

Tel no.

Web site

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

## 5. Referees

Please provide the names of two SIGB Full Members who are willing to support your application. A list of current members is enclosed. **This information is essential to your application.**

Proposer

Company

Seconder

Company

• Completed application form and direct debit mandate should be sent to:  
**SIGB, 3 Coalhill, The Shore, Edinburgh, EH6 6RH.**

Office use

Direct Debit  Referees Check  Date accepted \_\_\_\_\_



## **Additional Information, Retail Section Members**

### **6. Main Brands Stocked**

1 _____	6 _____
2 _____	7 _____
3 _____	8 _____
4 _____	9 _____
5 _____	10 _____

### **7. Additional Outlets** (copy this sheet if required)

Contact _____	Address _____
Phone _____	_____
Fax _____	_____
email _____	_____
	Post Code _____

Contact _____	Address _____
Phone _____	_____
Fax _____	_____
email _____	_____
	Post Code _____

Contact _____	Address _____
Phone _____	_____
Fax _____	_____
email _____	_____
	Post Code _____

Contact _____	Address _____
Phone _____	_____
Fax _____	_____
email _____	_____
	Post Code _____