SAWLFA
Flooring Association

Tel: 011 455 2822
info@sawlfa.co.za
www.sawlfa.co.za

MEMBERSHIP APPLICATION FORM AND AGREEMENT				
COMPANY NAME (In Full) COMPANY VAT NUMBER				
COMPANY REGISTRATION NUMBER				
TRADING NAME (If different from above) PHYSICAL ADDRESS				
POSTAL ADDRESS				
WEBSITE ADDRESS				
NAME OF SAWLFA REPRESENTATIVE (Person to receive SAWLFA correspondence) TELEPHONE NUMBER FAX NUMBER				
EMAIL ADDRESS CELLULAR NUMBER FULL NAMES OF DIRECTORS, PARTNERS OR MEMBERS				
IF YOU HAVE BRANCHES IN OTHER PROVINCES PLEASE LIST THEM HERE				

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List the product brand names handled by your company			
Do you import any flooring products?	*Tick relevant box*	Yes	No
If so please state name of brand and country of origin			
Are products tested for compliance to EN specs?	*Tick relevant box*	Yes	No
Are laboratory test results available?	*Tick relevant box*	Yes	No
If yes please submit test reports with your application form			
How long have you been in business?			
Can you supply trade references?	*Tick relevant box*	Yes	No
References			
Class of Membership Applied For	Corporate Member (Importer)		
	Retailer Member (Sells to consumer)		
	Installer Member (Installers only)		
	Associate Member (Associated products)		
Membership Application Supported By	Name		
	Company		
	Signature		
Have you ever had a floor failure?			
Circumstances:			
Measures taken:			

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Do you employ your own installers	*Tick relevant box*	Yes	No
Do you sub-contract to accredited installers	*Tick relevant box*	Yes	No

I hereby confirm that all the above information is true and correct

Name_____ Signature_____

Date: _____