

PSA Application Form - Manufacturer/Reseller



Company Details

Name (IN CAPS)

Company Name

Address

Post Code

Daytime Tel No: Evening Tel No:

Mobile No: Fax:

Email: Website:

Job Title:

Further details

Level of Public Liability Insurance

Insurance company

Other Association already a member with

How long have you worked in the Industry

Membership Costs - please tick relevant box

Company Membership £425.00 + vat per year

Small Company (5 or less employees) £212.50 + vat per year

Credit Card Details (Visa / Switch* / Solo / MasterCard – *Issue number required)

Card Number

Expires End Valid From Issue No

Declaration

I hereby affirm that the above details are correct to the best of my knowledge and by signing this form agree to be bound by the articles and rules of the Association and to abide by the PSA code of conduct.

Full Name

Signature

Date

Please tick all relevant headings

Sound

Light

Video

Stage/Set

Rigging

Additional headings NOT mentioned above

Please make cheques payable to Production Services Association and return form with payment to:

PSA, PO Box 2709, Bath, BA1 3YS.

Tel: 01225 332668 or fax back to us on: **Fax: 01225 332701** **Email: a.lenthall@mondiale.co.uk**

(Where there are multiple members and details, these can be added at any time later or supplied with this form)