

# PSA Application Form - Service Company



## 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

Backline Hire	<input type="checkbox"/>	Event Organiser/Promoter	<input type="checkbox"/>	Video/Display	<input type="checkbox"/>	Comms	<input type="checkbox"/>
Crowd Management	<input type="checkbox"/>	Catering	<input type="checkbox"/>	Festival/Outdoor	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Sound	<input type="checkbox"/>	Freight	<input type="checkbox"/>	Travel	<input type="checkbox"/>	Crew	<input type="checkbox"/>
Fireworks	<input type="checkbox"/>	Pyrotechnics	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	Transportation	<input type="checkbox"/>
Backdrops	<input type="checkbox"/>	Power Supply	<input type="checkbox"/>	Rehearsal Facility	<input type="checkbox"/>	Rigging	<input type="checkbox"/>
Staging/Seating	<input type="checkbox"/>	Tour Management	<input type="checkbox"/>	Venue	<input type="checkbox"/>	Merchandise	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	Production/Site/Stage Management	<input type="checkbox"/>	Set Design/Construction	<input type="checkbox"/>		

## 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)*