

WIAPS annual membership renewal questionnaire



Please confirm your company details:

Company name: _____
 Company address: _____
 Company postcode: _____
 Company contact name: _____
 Company general email: _____
 Company phone number: _____
 Company mobile number: _____
 Company website: _____

Please confirm names and membership numbers of those still employed (continue on separate sheet if necessary):

Membership No:	Name:

How many operational employees does your company have?

Please let us know how many operational employees your company has;

What services does your company provide?

Companies employing plumbers:

- | | |
|---|---|
| <input type="checkbox"/> Household plumbing
<input type="checkbox"/> Industrial/commercial plumbing
<input type="checkbox"/> Emergency plumbing work
<input type="checkbox"/> Underground pipework | <input type="checkbox"/> Moling
<input type="checkbox"/> Pipe freezing
<input type="checkbox"/> Leak detection
<input type="checkbox"/> Sanitation (Above Ground Drainage) |
|---|---|

Companies employing groundworkers:

- | | |
|--|---|
| <input type="checkbox"/> Underground pipework
<input type="checkbox"/> Moling | <input type="checkbox"/> Leak detection |
|--|---|

Companies employing Point of Use Installers:

- Mains Fed Water Coolers

Companies employing Catering Installers:

- Commercial Catering Equipment

Do you wish for your company to be listed in the public search on the WRAS and WaterSafe websites?

- Yes**, please list our company and registered members in the public search
- No**, please do not list our company in the public search (the company name will still be searchable to verify membership status)

By renewing the company's membership of WIAPS, you confirm to abide by the terms and conditions of membership. Please note the terms and conditions were updated on 1st April 2017. Full details can be found here: www.wras.co.uk/join_wiaps

- Copy of Public liability insurance attached (required for all)
- Copy of Employer's liability insurance attached (if applicable)

I confirm the above information is accurate to the best of my knowledge.

Signed _____

Name _____

Position _____

Date _____