



MEMBERSHIP APPLICATION FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web site: \_\_\_\_\_

How long are you in Business? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title - Prop/Managing Director, etc. \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Outlets: \_\_\_\_\_

Proposed by(ITIA member) : \_\_\_\_\_

Seconded by(ITIA member): \_\_\_\_\_

Products and services:

- (Tick)
- |          |                          |             |                          |          |                          |                  |                          |
|----------|--------------------------|-------------|--------------------------|----------|--------------------------|------------------|--------------------------|
| Car      | <input type="checkbox"/> | E/M         | <input type="checkbox"/> | 24 hour  | <input type="checkbox"/> | Shocks           | <input type="checkbox"/> |
| Truck    | <input type="checkbox"/> | Batteries   | <input type="checkbox"/> | Exhausts | <input type="checkbox"/> | Alloys           | <input type="checkbox"/> |
| Tractor  | <input type="checkbox"/> | Mobile      | <input type="checkbox"/> | Brakes   | <input type="checkbox"/> | Waste Collection | <input type="checkbox"/> |
| Recycler | <input type="checkbox"/> | Maufacturer | <input type="checkbox"/> | Importer | <input type="checkbox"/> | Wholesalers      | <input type="checkbox"/> |
| Retailer | <input type="checkbox"/> |             |                          |          |                          |                  |                          |

Total Number of Employees: \_\_\_\_\_

Tyre Trade References: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Annual Subscription Enclosed: € \_\_\_\_\_

(President: Dave Naughton)

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