



SJIB Membership Application Form

Application Form for Full SJIB Membership

Associate Membership

Local Authority Membership

Trading Title/Employer
(state whether individual or company)

Full Address

Postcode

Contact Number

Full Name of Nominated Representative

Technical Qualifications
(please include copies)

Has he/she completed a recognised
apprenticeship in the electrical trade?

Yes

No

If yes, with which company?

Address of nominated representative
(if different from above)

Position in Business

Date appointed to position
(DD/MM/YYYY)

If nominated representative is not
a qualified electrician, please give
the name of the person who is

Technical Qualifications
(please include copies)

Has he/she completed a recognised
apprenticeship in the electrical trade?

Yes No

If yes, with which company?

Since what date has the business
undertaken electrical installation
contracting (DD/MM/YYYY)

Has the business continued
without interruption?

Are you a member of SELECT?

Yes No

Are you a member of the ECA?
(England & Wales)

Yes No

Are you a member of the NICEIC?

Yes No

Are you a member of the JIB?
(England & Wales)

Yes No

Principle types of Electrical Contracting Work carried out (please tick)

- Domestic (house & flats)
- Commercial (offices, shops & hostels etc)
- Industrial
- Power Stations, Petrol & Chemical Plants
- Public Authority (schools, hospitals, road lighting, & warnings)
- Repair and Maintenance
- Cable Sub – Contracting
- Cable Sub – Cabling and Jointing
- Cable Sub – Jointing only
- Ancillary Activities

State Activities e.g. armature winding, auto-electric, exhibition work, marine work, neon sign, lift installation or repair, telephone installation, radio & television, appliance repair, refrigeration servicing, alarm installation and data wiring.

Labour Employed

Number of Employees
SJIB Graded Non Graded

Technician Electricians

Approved Electricians

Electricians

Labourers

Apprentices (registered)

Apprentices (non-registered)

Declaration:

I/We undertake to participate in the SJIB Holiday with Pay/Holiday welfare Credit Scheme. I/We undertake to comply with the National Working Rules and with the Rules and Regulation of the National Board. I certify that to the best of my knowledge and belief that the information given on this form is correct.

Signed

Position in Company

Date