



SCAFFOLDING, RIGGING & INDUSTRIAL ROPE ACCESS INDUSTRIES TRAINING INC.

APPLICATION FOR MEMBERSHIP

I wish to become a member as a Individual Member \$ 5.00
Corporate Member \$100.00

First NameLast name.....
(Company Name)

Postal Address
.....

Occupation

Telephone Number Work
Home

Fax Number

E-mail address

**Please make
Cheques out to
SRIIT and return
with application to
-
SRIIT
P.O. Box 1093,
Hamilton.**

Tick all boxes that apply to you

- | | | | |
|--|--------------------------|--|--------------------------|
| I am an Employer | <input type="checkbox"/> | I have a Certificate of Competency | <input type="checkbox"/> |
| I am an Employee | <input type="checkbox"/> | Basic Scaffolding National Certificate | <input type="checkbox"/> |
| I am a Rigger | <input type="checkbox"/> | Suspended National Certificate | <input type="checkbox"/> |
| I am a Scaffolder | <input type="checkbox"/> | Advanced Scaffolding National Cert. | <input type="checkbox"/> |
| I am a Trainee | <input type="checkbox"/> | Basic Rigging National Certificate | <input type="checkbox"/> |
| I am a Trainer | <input type="checkbox"/> | Intermediate Rigging National Cert. | <input type="checkbox"/> |
| I am an Assessor | <input type="checkbox"/> | Advanced Rigging National Cert. | <input type="checkbox"/> |
| I am an Industrial Rope Access Worker | <input type="checkbox"/> | Elementary Rope Certificate | <input type="checkbox"/> |
| | | Working on Ropes Certificate | <input type="checkbox"/> |
| | | Other (please explain) | <input type="checkbox"/> |

Signature..... Date