



IRISH KITCHEN & BEDROOM ASSOCIATION

MEMBERSHIP APPLICATION FORM

APPLICATION YEAR(S):

COMPANY DETAILS

Company Name:

Company No:

No. of years in business:

Address:

Showroom address:

Phone:

Fax:

E-mail:

Website:

IKBA Contact Person:

Membership Type:

WHAT TYPE OF SERVICES DO YOU PROVIDE (PLEASE TICK)

Kitchen

Bathroom

Other (please specify)

Home Office

Bedroom

KEY WORDS THAT DESCRIBE YOUR BUSINESS

TRADE REFERENCES

Company Name:

Company Name:

Address:

Address:

Phone:

Phone:

CUSTOMER REFERENCES (3 Contact details from recent completed installations)

Name:

Name:

Name:

Address:

Address:

Address:

Phone:

Phone:

Phone:

COMMENTS