

## Application for Membership

Please state membership of	category required: (please tick)	
	Ordinary (Min 25 vehicles on contract lease)	
	Associate	

Name:			
Trading Name:			
Address:			
Phone Nos:			
E-mail Addresses:			
Registered Name (if di	ifferent from above):		
Registered Office:			
Registration No:			
Directors:	(1)	(2)	
Name:		<u> </u>	
Private Address:			

The following documents may be requested by the Council of the VLAI in order to assist them in reaching a decision on the application;

Company Profile

Copy of Certification

I/We hereby apply to join the Vehicle Leasing Association of Ireland. I/We understand that, if elected to membership of the Association I/We will be bound by the rules of the Association. and enclose the first year's subscription fee of €450.

Signed:	
Title:	
Date:	

NB The vehicle Leasing Association of Ireland reserve the right to accept or decline any application.

Written notification of the council decision will be sent to all applicants.

Proposed	by:
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Name:			 
Company:			
Signed:			
Title:			
Seconded by:			
Name:			
Company:			
Signed:			
Title:			
Council Use Only:			
Date:	/	//	
Accepted/Rejected:			