



Memorial Mason Registration Scheme Application Form

Having read the requirements of the Registration Scheme, I hereby apply to join the scheme and agree to adhere to all Rules, Bye-laws, Health and Safety Requirements, Insurance Liabilities, Installation and Maintenance Specifications, Inspection Procedures and all other Requirements as laid down by this scheme.

This agreement made on: _____

Company: _____

Business
Address: _____

Telephone: _____ Email: _____

Representative Name: _____

Signed: _____ Position: _____

Supporting information which must be included with the application:

1. Copy of current Public Liability Insurance cover certificate
2. Evidence of:
 - Qualification/s obtained from an accreditation scheme
 - Current membership with either NAMM or BRAMM
 - Any disciplinary actions from the last two years including outcomes

Please submit your application form and supporting information to:

penrith.cemetery@westmorlandandfurness.gov.uk

Once approval for membership is granted, confirmation of membership and the membership number will be notified to the company.

For office use only:

Invoice Number: _____

Date of Registration: _____

Registration Number: _____