



LIGHTING ASSOCIATION IRELAND

MEMBERSHIP APPLICATION FORM

Company Name:

Brand/Manufacturer:

Member Name:

Address:

Telephone Number:

Mobile Number:

Email:

Company Reg No:

Tax Clearance Pin No:

Membership fee **€500 per annum**

Please make cheques payable to Lighting Association of Ireland and return to:

Lighting Association of Ireland
Pressline Ltd, Carraig Court, George's Avenue,
Blackrock, Co Dublin

*I agree to abide by the LAI Aims and Objectives, and Constitution, as presented on
the LAI website (www.lai.ie)* Please tick box to accept conditions

Signature:

Date:

For office use only

Authorised by: Date: