



MEMBER DETAILS JANUARY 2019

Please complete and return this request as part of your membership renewal. Thank you for your assistance.

Company Name:..... **Membership No** (*office use only*)

Registered Office:.....
.....

Trading Address:.....
.....

Annual turnover for 2018: **ISO 9001 2015 certified:**.....
(if complete please attach certificate)

Business Sector(s):.....

Please mark which Working Groups you wish to be affiliated to :..... **WG1** **WG2** **WG3** **WG4**

How long has your company been a member of ARTSM:

Key Contact Name(s)..... **Position:**.....

Email:..... **Telephone:**

Please confirm if you have forwarded your payment for membership for 2019:.....

Please confirm that the details held on our website for your business are correct as at 1/1/19. If you wish any amendments or changes please attach to this form.