



MEMBER DETAILS JANUARY 2020

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

Primary Company Name:.....

Group Members only : Second company name.....

: Third Company name.....

Registered Office:.....

.....

Trading Address(es).....

.....

Total Annual turnover for 2018: (all companies requiring membership)

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

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

..... **Position:**.....

Accounts Contact :

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

Please identify subsidiary/parent/sister companies:.....

.....

Office Use Only : Account Paid **ISO updated** **Member Band**.....