

ASSOCIATE MEMBERSHIP APPLICATION



| 1. | Organisation | on: | |
|----|---|-------------------|--|
| 2. | Address: Postcode: | | |
| 3. | Tel: | | |
| | Email: | | |
| | Website: | | |
| 4. | Date of Company Incorporation/When Founded: | | |
| 5. | Date of commencing supply of equipment for the Solids Handling Industry (if different from Q4): | | |
| 6. | Type of Company (please mark 'x'): | | |
| | | University | |
| | | Consultancy | |
| | | Media | |
| | | Agent/Distributor | |
| 7. | Services offered: | | |
| 8. | Details of any related commercial enterprise: | | |
| 9. | Officers of the Company: | | |

Managing Director:
Sales Director:
Company Secretary:
Marketing Director/Manager:
Technical Director/Manager:
Contact person for SHAPA matters:



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| 10. Industrie | 10. Industries Served (please mark 'x'): | | |
|---------------|--|--|--|
| [| ☐ Petrochemical | | |
| [| ☐ Mining & Quarrying | | |
| [| □ Plastics | | |
|] | ☐ Pharmaceutical | | |
| [| ☐ Food Processing | | |
| [| □ Other | | |
| If 'C | Other' - please specify: | | |
| | | | |
| | your organisation participate in the following SHAPA activities ase mark 'x')? | | |
| [| ☐ Meetings | | |
| [| □ Surveys | | |
| [| □ Statistics | | |
| [| ☐ Exhibitions | | |
| [| □ Committees | | |
| [| ☐ Use of SHAPA logo - e.g. Website, letterhead, exhibitions | | |

Registered in England No: 01632503



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12. SUBSCRIPTION for year beginning 1st January each year: ASSOCIATE member £425.00 p.a. plus VAT

- a. No payment should be made before receiving an invoice from SHAPA.
- b. A VAT invoice will be issued upon acceptance as a Member.
- c. Note: Associate membership does not carry voting rights at General Meetings.
- 13. The undersigned, on behalf of the Applicant, duly makes application for ASSOCIATE Membership of the Solids Handling and Processing Association and agrees, if elected, to abide by the lawful Constitution and Rules of the Association and to pay all dues and subscriptions as prescribed in the aforementioned Constitution and Rules.

| | Signature of Authorised Person: | | | |
|------------|--|-----------------------------------|--|--|
| | Name (Please Print): | | | |
| | Position: | Date: | | |
| app con | ase give details below of SHAPA Member wholication OR details of two of your customers of the particulars contained in this applicat strictest confidence. | who we may contact as referees to | | |
| | Name: | | | |
| | Position: | | | |
| | Company: | | | |
| | Address: | | | |
| | Name: | | | |
| | Position: | | | |
| | | | | |

Company:

Address:

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