

FULL MEMBERSHIP APPLICATION

1. Company Name:
2. Full Company 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'):
 - ☐ Sole Proprietor
 - ☐ Limited Liability
 - ☐ Partnership
 - ☐ Public Limited Co.
 - ☐ Subsidiary /Division
 - ☐ Other
7. Products/Services offered:
8. Please indicate level of Company Turnover (please mark 'x'):
 - ☐ Up to £500K
 - ☐ £500K to £2M
 - ☐ £2M to £5M
 - ☐ Over £5M

FULL MEMBERSHIP APPLICATION

9. In connection with the supply of Solids Handling Equipment what company functions are carried out at the above address (please mark 'x')?

- ☐ Sales
- ☐ Design
- ☐ R & D
- ☐ Manufacture
- ☐ Assembly
- ☐ Service
- ☐ Other

If 'Other' - please specify:

10. Officers of the Company:

Managing Director:

Sales Director:

Company Secretary:

Marketing Director/Manager:

Technical Director/Manager:

Contact person for SHAPA matters:

11. Industries Served (please mark 'x'):

- ☐ Petrochemical
- ☐ Mining & Quarrying
- ☐ Plastics
- ☐ Pharmaceutical
- ☐ Food Processing
- ☐ Other

If 'Other' - please specify:

12. Will your organisation participate in the following SHAPA activities (please mark 'x')?

- ☐ Meetings
- ☐ Surveys
- ☐ Statistics
- ☐ Exhibitions
- ☐ Committees
- ☐ Use of SHAPA logo - e.g. Website, letterhead, exhibitions

FULL MEMBERSHIP APPLICATION

13. Annual Membership begins on 1st January each year.

Cost: FULL members £595 + Vat

*No payment should be made before receiving an invoice from SHAPA.
A VAT invoice will be issued upon acceptance as a Member.*

14. SHAPA as an association is a company limited by Guarantee of its Membership with a maximum liability for each member company of £1.00 if the association became insolvent.
15. Full membership carries voting rights at General Meetings.
16. The undersigned, on behalf of the Applicant, duly makes application for FULL 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:

17. Please give details below of a SHAPA Member who will act as a sponsor for your application OR details of two of your customers who we may contact as referees to confirm the particulars contained in this application. All information will be treated in the strictest confidence.

Name:

Position:

Company:

Address:

Name:

Position:

Company:

Address: