

Membership Application



Please print this form to an A4 page, complete in block capitals and black ink and return to the Secretariat.

Company:

Address:

Post Code:

Tel: **Fax:**

E-mail: **Web Address:**

Contact Name for Correspondence:

Position in Company:

Company membership category (tick all that apply):

- Moulder/Fabricator Sundry Materials Supplier Raw Materials Supplier
Academic Equipment Supplier Consultant

Company size: (this question refers only to the 'composites related' division(s) of our company)

- Employees: 1 – 5 6 – 10 11 – 20 21 – 50 51 – 100 100+
Turnover: <£250k £250–500k £500k–1m £1m–5m £5m+

We hereby apply for membership of The Composites Processing Association Limited and agree to be invoiced for the due proportion of the appropriate annual subscription, which will run to December 31st next. (Current subscription rates can be found on the Association web site).

Signed: **Date:**

Name (block capitals):

Position:

Forms should be returned to:

**The Secretariat, The Composites Processing Association, Sarum Lodge,
St. Anne's Court, Talygarn, Pontyclun CF72 9HH**

Tel: 01443 228867 **Fax:** 01443 239083