



**THE EUROPEAN WOOD PRESERVATIVE MANUFACTURERS GROUP  
MEMBERSHIP APPLICATION FORM**

COMPANY or ORGANISATION NAME	
TRADING AS <i>(IF DIFFERENT)</i>	
CONTACT NAME	
ADDRESS	
POST CODE	
COUNTRY	
TELEPHONE (including country code)	
FAX (including country code)	
EMAIL	
If you accept delivery of documents, newsletters etc by email please tick here	<input type="checkbox"/>
WEBSITE	
PARENT/HOLDING COMPANY <i>(IF APPLICABLE)</i>	

<p><b>PRODUCT RANGE (Manufactured or supplied in Europe)</b>  <i>(GIVE BRIEF DETAILS OF PRODUCT RANGE)</i>  <i>(not applicable to Associate (Non-voting) applications)</i></p>

ARE YOU APPROVED TO ISO 9000 OR OTHER THIRD PARTY QUALITY ASSURANCE SCHEME?	YES/NO
IF YES, PLEASE STATE APPROVAL NUMBER AND APPROVAL AUTHORITY:	

<b>DECLARATION</b>	
<p>We undertake, if elected to membership of the European Wood Preservative Manufacturers Group (EWPM), to conform with and abide by the terms and conditions of membership as laid down from time to time in the EWPM Statutes and other guidelines approved by EWPM in General Assembly</p> <p>WE DECLARE THAT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THE PARTICULARS WE HAVE GIVEN ON THIS FORM ARE CORRECT AND COMPLETE.</p>	
NAME	
POSITION	
SIGNED	
ON BEHALF OF ( <i>COMPANY</i> )	
DATE	