



ewpmp
EUROPEAN WOOD PRESERVATIVE
MANUFACTURERS GROUP

The European Wood Preservative Manufacturers group
Membership Application Form

Company or organisation name:	
Trading as (if different):	
Contact name:	
Address:	
Postcode:	
Telephone (incl. country code):	
Email:	
Website:	
Parent / Holding company: <i>(if applicable)</i>	

Product Range (Manufactured or supplied in Europe) (Give brief details of product range) (not applicable to Associate (non-voting) applications)

Are you approved to ISO 9000 or other third party quality assurance scheme?	YES / NO
If yes, please state approval number and approval authority:	

Declaration	
<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 (company):	
Date:	