



FULL MEMBERSHIP APPLICATION

1. Company Name
2. Full Company Address
Post Code
3. Tel Fax
E-mail 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:
Sole Proprietor Limited Liability Partnership
Public Limited Co. Subsidiary /Division Other
7. Products/Services offered
(Please list or attach Brochure(s))
8. Please indicate level of Company Turnover:
Up to £500K £500K to £2M
£2M to £5M Over £5M
9. In connection with the supply of Solids Handling Equipment what company functions are carried out at the above address?
Sales Design R & D
Manufacture Assembly Service
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
Person in charge of Exhibitions

11. Industries Served:
 Petrochemical Mining & Quarrying Plastics
 Pharmaceutical Food Processing Other
 (Please specify)

12. Will your Organisation be willing to participate in the following SHAPA activities?
 (Please specify)
 Meetings Surveys Statistics
 Exhibitions Committees Use of SHAPA logo on letters and adverts

13. SUBSCRIPTION for year beginning 1st January 2020:
 FULL members £505.00 plus 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

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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