

ASSOCIATE MEMBERSHIP APPLICATION

1.	Organisation						
2.	Address						
	Post Code	. E-Mail:		Web:			
3.	Tel	F	- ax				
4.	Date of commencing activities in the Solids Handling Industry						
5.	Nature of Organisation:						
	University Agent/Distributor□	□ Consultancy		Media			
6.	Services offered (Please list or attach Brochure(s))						
7.	Details of any related of	Details of any related commercial enterprise					
8.	Contact names within the Organisation with title/function:						
9.	Industries Served:	Industries Served:					
	Petrochemical □ Pharmaceutical □	Mining & Quarrying Food Processing		Plastics Other	□ □ (Please specify)		
10.	Will your Organisation	be willing to participate in	 n the follow	ing SHAPA activ	ities?		
	Meetings □	Surveys		Statistic			
	Exhibitions	Committees					
	Use of SHAPA logo or	letters and adverts					
11.	SUBSCRIPTION for year beginning 1st January 2024:						
	ASSOCIATE members currently £415.00 p.a. plus VAT						
		e made before receiving a ssued upon acceptance					

Note: Associate membership does not carry voting rights at General Meetings.

	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				
two of y		mber who will act as a sponsor for your application OR details of ontact as referees to confirm the particulars contained in this in the strictest confidence.			
Position					
Compan	у				
Address					
Name Position					
Compan					
-					
Address					
SHAPA Peter La York YO1 8S					
Tel: 01904 373040 info@shapa.co.uk					

Issued: Dec 2023

The undersigned, on behalf of the Applicant, duly makes application for ASSOCIATE Membership of the Solids Handling and Processing Association and agrees, if elected, to abide by the lawful

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