



PO Box 770  
Marlow  
Buckinghamshire  
SL7 2SH

## APPLICATION FOR MANUFACTURER MEMBERSHIP

Name of Company	<input type="text"/>		
Trading Address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Telephone	<input type="text"/>	Fax No	<input type="text"/>
Email Address	<input type="text"/>	V.A.T. Registered Number	<input type="text"/>
Registered Office Address	<input type="text"/>		
Registered Company Number	<input type="text"/>		
Proprietor, Partners or Directors (Please indicate with an * those directly engaged in the business)			
<input type="text"/>			
If Member of a Group – Name of Parent Company	<input type="text"/>		
Date the Applicant started in the Business	<input type="text"/>		
Nature of Business	<input type="text"/>		
Is the Business Registered to ISO9000 or other Quality Standard	YES/NO	If Yes, Certificate No.	<input type="text"/>
		Date	<input type="text"/>
Bankers Name and Address	<input type="text"/>		
Annual Turnover * Please indicate the group within which it falls:			
a) less than £10 million	b) £10m - £25 million	c) £25 - £40 million	d) greater than £40 million
Number of Sales Personnel Employed	<input type="text"/>	What Percentage of your Business is via Distributors?	<input type="text"/>
		How many Distributors do you Supply through?	<input type="text"/>
Names of Three Principal Distributors that you supply. (Please also give addresses so that references may be taken)			
1	<input type="text"/>		
2	<input type="text"/>		
3	<input type="text"/>		
Reasons for Applying for Membership	<input type="text"/>		
Names of Other Trade Associations of which you are Members	<input type="text"/>		
We apply for membership of the Cleaning and Hygiene Suppliers Association and enclose herewith our cheque for admission and first year subscription plus VAT. £ We understand that in the event of our election to Membership this amount will be credited to our Subscription Account, and in the event of or not being elected, this amount will be returned to us.			
We accept and agree to abide by the Association's Codes of Practice.			
Signed	<input type="text"/>	Date	<input type="text"/>
	Director/Partner/Secretary/Proprietor		Please Attach a Sample of your Letter Heading
Name of Existing Member of the Association (distributor or manufacturer) sponsoring this application	<input type="text"/>		
Council Member Proposing Application	<input type="text"/>		