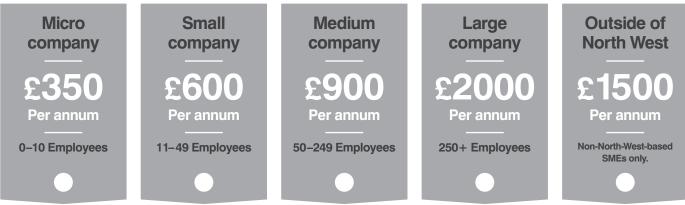
Application for membership (please tick)





Please tick here if you are an SME and are interested in SMMT services.

Contact information

Principle contact name:		Company name:
Position:	Direct tel:	Company address:
Company fax:	Mobile:	
Company tel:	Website:	
Contact email:		Company email:

Additional contacts

Name:		Name:	
Position:	Direct tel:	Position:	Direct tel:
Email:		Email:	

Method of payment

Company information

Brief company overview including summary of products and services:	Please choose a payment schedule and complete:	
	• Annual payment	 Monthly standing order
	Purchase order number:	Bank name and address:
	Account number:	
Business category (please tick):	Sort code:	
Business support Government Manufacturing Consultancy Logistics and distribution Research and development	I certify that the information contained in this form is accurate, and that I have read and agree to the enclosed Terms and Conditions.	
Relevant quality certifications:	Print name:	Position in company:
Number of employees: Annual turnover:	Signed:	Date:

Please complete and return to the address on the back of this brochure.