

Help us to help you get the best from UKWA...

Please complete this UKWA membership form in full. It is a mandatory requirement of your membership to provide this data, which will be held securely and will not be shared with third parties.

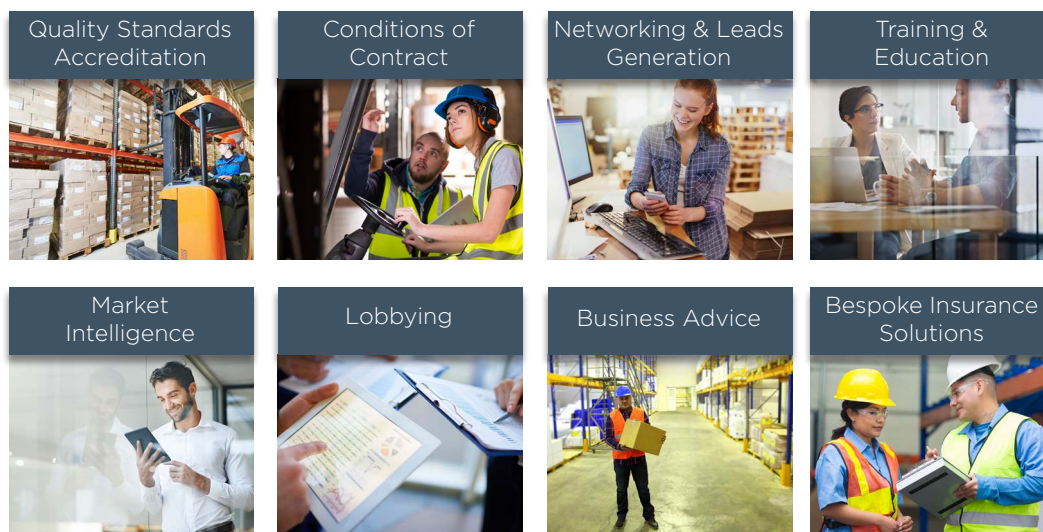
Accurate membership data ensures our records are up-to-date and provides the information we need to help you get the very best from your Association, including:

- Your **FREE** entry on the 'Find a Partner' website search tool
- Your **FREE** access to 'MarketSpace' - our online warehouse matching service
- Your **FREE** Warehouse bimonthly magazine
- Your **FREE** email updates from UKWA with latest news and member offers
- Your **FREE** NEWSrack digital newsletter

You now also have the option to pay your annual subscription by Credit Card or spread the cost of your membership, by direct debit with monthly or quarterly instalments.

There has never been a more important time to be member of UKWA. So, make sure you take full advantage of everything your Association has to offer.

Membership Services



Membership Form (Warehousing Services Provider)



This category of membership is for companies that provide warehousing services, utilising either their own or a third party's premises, who may operate at any time under UKWA Terms and Conditions

1

Company details (Head Office):

Company

Address

Postcode

Telephone

Website

Contact details of nominated company representative for the purpose of communication and voting:

Name

Position

E mail

Phone

UKWA Membership Category (see p4)

Membership No.

If any of the above information is incorrect, please use box (2) below to provide correct information

2

Company details (Head Office) (if different from above):

Company

Address

Postcode

Telephone

Website

Contact details of nominated company representative for the purpose of communication and voting (if different from above):

Name

Position

E mail

Phone

UKWA Membership Category (see p4)

3

Registered Office (if different from Head Office above)

Company

Address

Postcode

Telephone

Name of parent organisation (if applicable):

Name of subsidiary or associate organisation (if applicable)

4

Company registration number

Date Company established

VAT number

Name of insurance broker

Number of locations

Total area of covered warehouse/s (sq ft)

UKWA Membership Category (see p3)

Insurance renewal date

5

Additional contact details (if different from opposite)

For Accounts (purchase ledger)

Name

Position

E mail

Phone

For Insurance/Conditions of Contract

Name

Position

E mail

Phone

For Training & Education

Name

Position

E mail

Phone

Sales & Marketing

Name

Position

E mail

Phone

6

Other Trade Associations and Accreditations

RHA FTA BIFA FLTA FSDF ISO BRC IOSH

Other (please specify)

7

Services Provided (please tick relevant boxes)

General Warehousing <input type="checkbox"/>	Customs & Excise Bond <input type="checkbox"/>	Bulk Storage (inside and/or covered) <input type="checkbox"/>
Pallet Storage <input type="checkbox"/>	Transport and Distribution <input type="checkbox"/>	Outside Storage <input type="checkbox"/>
Ecommerce and Fulfillment <input type="checkbox"/>	Foodstuffs and/or Temperature Controlled <input type="checkbox"/>	Self Storage <input type="checkbox"/>
Returns Services <input type="checkbox"/>	Hazmat <input type="checkbox"/>	Specialist Services/Other* <input type="checkbox"/>

*Describe

8

Other locations (Please continue on a separate sheet if required)

Town/City	Postcode	Size of facility	Phone Number	Lead Contact	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Other information

Linkedin Twitter Account Facebook

10

I hereby confirm I am authorised to make this application for membership of the UK Warehousing Association. I have read and understand the rules as set out in the Association's Articles of Association, and agree to abide by them. I confirm the accuracy of all information given in this application. (please tick box)

Name of applicant Signature of applicant: Date of application/renewal

