

Associate membership form



Associate membership of UKWA is open to organisations that provide goods, services and advice to the logistics and supply chain industry. Please return your completed form to membership@ukwa.org.uk

Applicant details

Company

Address

Postcode

Telephone

Website

Name of parent organisation (if applicable)

Name of subsidiary or associate organisation (if applicable)

Services provided

Membership of any other associations/societies

Please give the name of nominated Company representative together with e-mail address for the purpose of communication.

Company

Name

Position

e-mail

Reasons for seeking Associate membership: In order to assist the Management Board to consider your application, please detail briefly your reasons for wishing to become an Associate member.

I am applying for Associate membership of the Association and agree to abide by the rules. I/We confirm the accuracy of all information given in this application.

VAT No.

Signature of applicant

Date of application

Name of applicant (capitals)

CREDIT CARD - PAYMENT AUTHORISATION SLIP

Payment type VISA MasterCard VISA Debit MasterCard Debit

Card Number

Expiry Date

Cardholder's Name

Security code (Found on reverse of Credit Card)

Cardholder's Address

Cardholder's Tel.No

Cardholder's Signature Date