



Application for Membership

Please complete this form and return it to the address below for the attention of the Membership Secretary. We will calculate the appropriate subscription fee and prepare a Membership Agreement which we will send to you for your approval and signature.

The Company

Full name of company	
Country in which the company is registered	
VAT/BTW/MWT/TVA Number <i>(Companies registered in EU member states only)</i>	
Full address of company including postcode/zip <i>(formal papers, reports and subscription invoices will be sent to this address)</i>	
Telephone number <i>(including country code)</i>	
Fax number <i>(including country code)</i>	
Website	

Nature of the company's business

Please tick as appropriate

<input type="checkbox"/> Paint / Powder Manufacturer	<input type="checkbox"/> Resin Manufacturer	<input type="checkbox"/> Additive Manufacturer
<input type="checkbox"/> Printing Ink / Adhesive Manufacturer	<input type="checkbox"/> Solvent Manufacturer	<input type="checkbox"/> Paint, Ink or Coatings User
<input type="checkbox"/> Pigments Manufacturer	<input type="checkbox"/> Equipment Manufacturer	<input type="checkbox"/> Research Institute
<input type="checkbox"/> Coatings/Chemicals Distributor	<input type="checkbox"/> Other <i>(please specify)</i>	

The size of the business (confidential)

What is the company's annual sales revenue related to Surface Coatings?	
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Please complete the next page ►

Main contact

If e-mail is the preferred method of receiving information please tick the box

Name of the person to whom all formal papers, reports and subscription invoices will be sent	
Position	
Telephone	
Fax	
e-mail	<input type="checkbox"/>

Other contacts

Names (and addresses if different from above) of other persons to receive PRA communications			
Name		Name	
Position		Position	
Address		Address	
Tel	Fax	Tel	Fax
e-mail <input type="checkbox"/>		e-mail <input type="checkbox"/>	
Name		Name	
Position		Position	
Address		Address	
Tel	Fax	Tel	Fax
e-mail <input type="checkbox"/>		e-mail <input type="checkbox"/>	

Which of our services are you most interested in?

Please tick as appropriate

<input type="checkbox"/> Library & Database Services	<input type="checkbox"/> Laboratory Services	<input type="checkbox"/> Training Courses & Workshops
<input type="checkbox"/> Publications	<input type="checkbox"/> Technical Consultancy	<input type="checkbox"/> Conferences & Networking Events
<input type="checkbox"/> Business Consultancy		

Notes

The minimum period of Membership is two years, payable annually in advance. Thereafter the minimum period of notice required for termination of Membership is six months. Such notice must be given in writing to the Managing Director, PRA, not later than 31st December to take effect from the following 1st July.

