



Wood Protection Association

## MEMBERSHIP APPLICATION FORM

Company Name	
Trading As <i>(if different)</i>	
Address	
Post Code	
Contact Name	
Telephone Number	
Fax Number	
Email	
Website	
Company Registration Number	
Parent/Holding Company <i>(if applicable)</i>	
Other operating sites	
Which WPA sector are you applying to join?	Tick or highlight sector: 1. Manufacturing: preservatives, coatings, processes 2. Timber Treater 3. Modified Wood 4. Commercial: producers and distributors of treated wood 5. Learned and scientific bodies 6. Personal

### BRIEFLY DESCRIBE YOUR COMPANY'S ACTIVITIES


NB: If applying for membership of the timber treater sector include details of your treatment plant/process types and average annual throughput for each type.

<b>QUALITY</b>		
Does your business have any quality accreditations eg ISO 9001?	YES	NO
Which certification body performed the assessment?		
What is your certificate number?		
What is the expiry date?		
Do you have products that can be Certificated as BS8417 compliant under the WPA Benchmark of quality scheme?	YES	NO
Do you want to register for WPA Benchmark quality certification?	YES	NO

<b>DECLARATION</b>	
<p>We, the undersigned, undertake that as a member of the Wood Protection Association (WPA), we will conform with and abide by the conditions as laid down in the WPA's Articles of Association, terms of business and codes of practice and other conditions of membership and will abide by the decisions of the WPA Board made from time to time in pursuance thereof.</p> <p>We understand that our membership of the WPA is permanent and that we may retire from membership by giving 45 calendar days notice in writing. We remain liable for any fees/subscriptions that remain unpaid at the end of the notice period.</p> <p>We declare that to the best of our knowledge and belief the particulars we have given on this form are correct and complete.</p>	
Name (please print)	
Position	
Signature	
Date of application	

**For WPA use**

	Date
Membership approved	
Confirmation letter sent	
Membership fee renewal	
	Category
Membership status	



**PIABC**  
Approved Centre  
for NVQ delivery