

## MEMBERSHIP APPLICATION FORM

- 1) Please complete this Membership Declaration by ticking the box against which band your company falls.
- 2) Complete your name, address and other contact details.
- 3) Send the form to **FESPA UK Association, Innovation Way, Barnsley, South Yorkshire, S75 1JL.**
- 4) Payment can be made by **Cheque, BACS or PayPal.**
- 5) We reserve the right to run a credit check.

### PAYMENT METHODS

By Cheque: Please make cheques payable to **Screen Printing Association (UK) Ltd.**  
By BACS: To **Screen Printing Association (UK) Ltd**, Account No: **85182684**, Sort Code: **09-01-27**  
PayPal: Payment to **carol.swift@fespauk.com**

### MEMBERSHIP DECLARATION

Subscriptions are based on a declaration of UK turnover related to your company screen printing, digital imaging and garment decorating activities.

The bands are set out below for you to identify the appropriate band for your company. Please complete and sign the declaration and joining details.

TICK BOX	BAND	ANNUAL TURNOVER	SUBSCRIPTION	VAT	TOTAL PAYABLE
<input type="checkbox"/>	A	£100,000 to £500,000	£384.00	£76.80	£460.80
<input type="checkbox"/>	B	£500,000 to £1M	£576.00	£115.20	£691.20
<input type="checkbox"/>	C	£1M to £2M	£876.00	£175.20	£1051.20
<input type="checkbox"/>	D	£2M*	£1032.00	£206.40	£1238.40
<input type="checkbox"/>	E	Colleges & Schools	£100.00	£20.00	£120.00
<input type="checkbox"/>	M	Zero to £99,000	£150.00	£30.00	£180.00

### Membership Renewals

By signing this form you agree to a recurring annual membership. Your membership will automatically renew on the last day of the current subscription period. An invoice for the renewal amount for the new period will automatically be raised and sent to you. These automatic renewals continue until you decide to cancel them. If you wish to cancel you must do so at least 30 days before the final complete day of your current subscription term, in writing. Notification of renewal will be sent at least 30 days prior to the end of a current subscription period.

**YOUR DETAILS**

Company Name	_____	Telephone	_____
Address	_____	Facsimile	_____
	_____		
	_____	Email	_____
Town/City	_____	Website	_____
County	_____		
Post Code	_____	Contact Name	_____
Company Number	_____	Position	_____
VAT Number	_____	Mobile	_____

Brief Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Type:     Printer     Supplier     Consultant     Education/Training

Process:             Screen     Digital     Pad             Finishing

**DECLARATION**

By signing this document you confirm that you have read, understood, and that you agree to the terms stated in this application form, and that that the information provided is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Invoice No. : \_\_\_\_\_