



## IPAF MEMBERSHIP APPLICATION

We hereby submit an Application for Membership of the International Powered Access Federation

1. Full legal name of company (or individual) .....

Address .....

.....

State ..... Zip .....

Tel: ..... Fax: .....

E-Mail ..... Web .....

Year of company formation .....

*Please include with your application a company services brochure or a brief description of your company's activities.*

**Applicants wishing to become FULL Members must be proposed and seconded by a Director/Senior Executive of an existing FULL IPAF Member (see [www.ipaf.org](http://www.ipaf.org) for membership list)**

Proposer Name ..... Proposer Company .....

Seconder Name ..... Seconder Company .....

.....

2. Length of time in which you have been trading in powered access equipment .....

3. Please indicate your principal area of business. Please include payment for the Membership Fee.

| FULL MEMBERSHIP 2017   |            | ASSOCIATE MEMBERSHIP 2017                     |          |
|--|------------|---|----------|
| <input type="checkbox"/> Manufacturer                            | \$1,861.00 | <input type="checkbox"/> Association          | \$550.00 |
| <input type="checkbox"/> Dealer/Distributor                      | \$825.00   | <input type="checkbox"/> Company Associate    | \$311.00 |
| <input type="checkbox"/> Contractor/Indus. User                  | \$825.00   | <input type="checkbox"/> Press                | \$311.00 |
| <input type="checkbox"/> Rental                                  | \$825.00   | <input type="checkbox"/> Individual Associate | \$193.00 |
| <input type="checkbox"/> Training Company                        | \$825.00   | <input type="checkbox"/> User                 | \$111.00 |
| <input type="checkbox"/> Public Utility                          | \$439.00   |   |          |
| <input type="checkbox"/> Group Membership                        | \$439.00   |   |          |
| <input type="checkbox"/> Service Company /<br>Component Supplier | \$347.00   |   |          |
| <input type="checkbox"/> Independent Instructor                  | \$347.00   |   |          |

**NB - Prices shown in US dollars**

July 2017

# IPAF MEMBERSHIP REQUIREMENTS *(Please ✓ as appropriate)*

To become a member of IPAF the following membership requirements must be met as agreed by the IPAF Council

|   |                          |
|---|--------------------------|
| <b>Code of Conduct</b><br><br>I/We confirm that my/our company will abide by and observe the IPAF Code of Conduct (see www.ipaf.org)  | <input type="checkbox"/> |
| <b>Health and safety</b><br><br>I/We confirm that my/our company operates an effective health and safety policy   | <input type="checkbox"/> |
| <b>Machine Monitoring</b><br><br>I/We confirm that all equipment under our control and use is compliant with the manufacturer's requirements and compliant applicable standards regarding maintenance, inspection and repair. | <input type="checkbox"/> |

Date: ..... Signature: .....

Full name (in capitals): .....

Position held: .....

**Please return completed form enclosing payment to:**

International Powered Access Federation, Moss End Business Village, Crooklands, Cumbria, LA7 7NU, UK

Fax: 044 15395 66084 / E-Mail: info@ipaf.org

Please tick this box if you do not wish to receive information about products and services of third parties ☐

**www.ipaf.org**

| I wish to pay by Visa/Mastercard  |  |
|---|--|
| <input type="checkbox"/> Visa/Electron <input type="checkbox"/> Visa/Delta <input type="checkbox"/> Mastercard/Eurocard <input type="checkbox"/> JCB <input type="checkbox"/> Maestro <input type="checkbox"/> Solo   |  |
| Names & Initials (exactly as on Card).....  |  |
| Enter credit card number: <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"/> |  |
| Billing address .....   |  |
| Expires ..... /.....      Security Code: <input type="text"/> <input type="text"/> <input type="text"/> Date ...../...../.....  |  |
| Signature .....   |  |

☐ I enclose a check    ☐ I have wired funds to your account    ☐ Please send me a receipt

Wire transfers to:

Account Name: IPAF Ltd

Bank: HSBC, 534 Broadhollow Road, Melville, NY 11747, USA

Account No. 942-12873-7 / Routing No. 021001088

Swift Code = MRMDUS33RTL