

APPLICATION FOR SERVICE PROVIDERS MEMBERSHIP



<p>Application is open to all educational organisations and other industry associated trade bodies who accept the objects and rules of the Federation</p>	<p style="text-align: right;">Please note:</p> <p>Minimum term of trading in interior landscaping industry is 12 months. All the information provided will be confidential to the plants@work Administrator.</p> <p>This application form when completed, should be returned to: PO BOX 196, Romsey, Hampshire, SO51 7PF, info@plants@work.eu.com</p>
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APPLICANT INFORMATION

Full Company Name/ Trading Title:		
Address:		
City:	County:	Post Code:
Telephone:	Fax:	E-mail:
Website:	Contractor / Supplier	

PRINCIPAL CONTACT

Name:		
Address if different:		Telephone:
City:	County:	Post Code:
Position in the Business:	E-mail	

NAMES OF DIRECTORS/PARTNERS

Name:	Name:
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COMPANY INFORMATION

Number of Employees	Date of Establishment of Company	
Number of Locations/depots	Turnover per Annum	End of Financial Year

Area of Operation (please specify counties)

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Services Provided		
RECENT CONTRACTS		
Please give the examples of contracts carried out during last 2 years; please include pictures for each site		
1. Name	Address	Description
2. Name	Address	Description
3. Name	Address	Description
SIGNATURES		
I authorize the verification of the information provided on this form		
Signature of applicant:	Date:	
Full Name	Position in the Business	

Subscription is to be paid to:

Account Name: Plants at Work Association Ltd
 Sort Code: 20-97-58
 Account Number: 00464686

Please read:

I wish to join plants@work for a minimum of 1 year.

I understand that the plants@work Service Provider Membership entitles my company to:

- listing on the plants@work website as an Service Provider Member
- displaying plants@work logo on company's headed paper
- training at members' discounted rates
- plants@work Newsletter

I understand that the plants@work Service Provider Membership does not entitle my company to:

- vote at the Annual General Meeting
- become a member of the Steering Committee

Signed _____ Date _____

Full Name of Person making application _____ Position in the Business _____