

APPLICATION FOR 'UK' MEMBERSHIP OR MEMBERSHIP RENEWAL

Company:

Application completed by		Position
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** Future UKIVA correspondence to		Position
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Address in UK or Ireland

Tel:	Fax:	E-mail (for person named at ** above)
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Do you qualify as a complete vision system supplier?	YES / NO
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Only if you wish to be listed as a supplier of complete vision systems

Approximate number of vision systems installed in the UK/Ireland	
Approximate turnover directly related to the supply of industrial vision systems in the last complete financial year	
Number of years vision systems have been supplied in the UK/Ireland	
Number of people employed directly in the supply of industrial vision systems in the UK/Ireland	

<input type="checkbox"/> Please invoice me for the period to next June 30 th <input type="checkbox"/> Please invoice me for the period to next June 30 th , payable by Visa or Mastercard <input type="checkbox"/> Please send me a standing order form for rolling membership	Signature
Signed by	Date

** UKIVA correspondence will be sent (as far as possible by e-mail) to this person. The contacts given for sales will be named on your information sheet (next page). This may or may not include the person named above.

Company:		
Address:		
Tel:	Fax:	E-mail for sales enquiries WWW URL
Key Contact person for Sales:		Position
Key Contact person for Sales:		Position
Key Contact for person Sales:		Position
*Number of vision related staff		Total number of UK/Irish based staff
*Vision or vision related annual UK/Irish turnover £		Export sales %
Countries in which represented:		
Company history (max 50 words) (Mention any parent/ultimate holding company)		
Products & Services (max 60 words)		
Company specialisations (max 50 words)		
Industrial sectors supplied (max 50 words)		
Typical applications (max 60 words)		

All information within the heavy outline on this sheet will be appear in the Directory of members which is freely available to enquirers and will also appear on the UKIVA website

_____ Date completed

Note: at least one * box must be completed

_____ Completed by