



UNITED KINGDOM - MEMBERSHIP APPLICATION

(Please fill in the application and sent it to emea@issa.com)

Company Name

Mailing Address

City

ZIP Code

Country

Primary contact [First Name, Last Name]

[The person who will be the primary recipient of information from ISSA]

Title

Phone

Fax [Country code + Area Code + Number]

E-mail

Website

Primary Contact - Phone

Primary Contact - E-mail

What are your reasons to join ISSA? What do you expect from your membership?

Please provide a short description of your company's main areas of activity

Annual Membership Fee

Start Date:

Active through:

1-Year Membership Fee: **625 £**

Fast Payment (within 14 days) **612,50 £**

Annual Membership is 625 £. ISSA membership year is December 1st to the following November 30th. Your dues of the first year will be pro-rated, meaning distributed proportionally over 12 months (e.g. if paid February 1st, then the fee for the following membership year will be reduced by the proportionate fee of 2 months). Refunds are not possible. The membership renews automatically every year, if not cancelled before October 31st. Fast Payment: Valid within 14 days after the invoice date.

FORMS OF PAYMENT

CHARGE MY VISA/MASTERCARD ACCOUNT:

Card Number

Expiry Date

Card Holder - Name [Please in block letters]

CVC Code

WIRE TRANSFER IN EURO TO:

ISSA Europe · Commerzbank AG, GKBZ Frankfurt
Kaiserstraße 30, 60311 Frankfurt am Main.

Account number 331790601

IBAN DE64 5004 0000 0331 7906 01

BIC COBADEFFXXX

ONLINE PAYMENT

CVC Code: 3 - digit card verification code on the back of your card.

Please include in the comments of your transaction the name of the company. If you want to pay online at issa.com, please contact us at emea@issa.com, so that we can provide you with your login information and a fast payment code.

Please list key employees to receive relevant member information and access to exclusive ISSA member resources available on www.issa.com/EMEA.

Official Representative

First Name, Last Name

Title

Phone

E-mail

Education/Training Contact

First Name, Last Name

Title

Phone

E-mail

Standards/Certification Contact

First Name, Last Name

Title

Phone

E-mail

Tradeshow/Exhibition Contact

First Name, Last Name

Title

Phone

E-mail

Advertising/Marketing Contact

First Name, Last Name

Title

Phone

E-mail

Legislative/Regulatory Contact

First Name, Last Name

Title

Phone

E-mail

Young Professional Contact

First Name, Last Name

Title

Phone

E-mail

Dues/Invoices Contact

First Name, Last Name

Title

Phone

E-mail

- I UNDERSTAND that by providing the above information, and signature, I consent to receive information about ISSA membership benefits and services via e-mail, fax, phone and post. I also agree to the terms and conditions of ISSA's Privacy Policy (www.issa.com/privacy-notice.html).
- CODE OF ETHICS ACKNOWLEDGEMENT: I hereby certify that I have reviewed ISSA's Code of Ethics and all applicable agreements online at www.issa.com/code and we are in compliance therewith. I further agree that we will remain in compliance as a condition for continued ISSA membership. All statements made by me and contained herein are true.

Date: _____

Signature: _____

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