

Membership Application Form

Please COMPLETE the fields.

Surname

Title (Dr/Mr/Mrs/Ms etc.)

Forename(s)

Nationality

Home address

Date of birth

Postcode

Home telephone

Mobile number

Company name

Job title

Address

Postcode

Email address

Work number

Unless specified otherwise, all mailings will be posted to your home address

You will be affiliated to a region closest to your home address

Areas of interest *(Please tick the appropriate boxes)*

- | | |
|--|---|
| <input type="checkbox"/> Environment and textiles | <input type="checkbox"/> Wet processing of textiles |
| <input type="checkbox"/> Dyeing machinery | <input type="checkbox"/> Analysis/quality control/testing of textiles |
| <input type="checkbox"/> Colorants and auxiliaries | <input type="checkbox"/> Sustainable methods in the supply chain |
| <input type="checkbox"/> Colour and design | <input type="checkbox"/> Colour theory |
| <input type="checkbox"/> Retail perspectives | <input type="checkbox"/> Organisation and management |



