

# World Plumbing Council

## Application for Membership



Please indicate, by ticking the appropriate box () , the class of membership for which you are applying. Details for remitting your payment are at the bottom of page 2

### Full Member

Applicant must be a bona fide representative organisation in the plumbing industry, such as trade association, professional body, trade union, registration licensing body or association of manufacturers/wholesalers.

**Annual fee US\$500**

### Affiliate Member

Applicant must be a bona fide organisation or company in the plumbing industry that wishes to be associated with the World Plumbing Council. **Annual fee US\$200**

*The World Plumbing Council's Bylaws can be viewed at <http://www.worldplumbing.org>*

### Please print or type

Name of organisation or company \_\_\_\_\_

Contact's first name \_\_\_\_\_ last name \_\_\_\_\_

Position or title within organisation/company \_\_\_\_\_

Mailing address \_\_\_\_\_

Country \_\_\_\_\_

Telephone, including international dialling code \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Website address \_\_\_\_\_

***If these are not the mailing, email or website address for your organisation's head office, please state them here***

Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the World Plumbing Council? \_\_\_\_\_

**Full members** please indicate whether your organisation is primarily a:

- |  |  |
|--|--|
| <input type="checkbox"/> Employer trade association of companies | <input type="checkbox"/> Manufacturers' trade association of companies |
| <input type="checkbox"/> Trade Union of employees                | <input type="checkbox"/> Professional body of individuals              |
| <input type="checkbox"/> Statutory Licensing authority           | <input type="checkbox"/> Training provider                             |
| <input type="checkbox"/> Research establishment                  | <input type="checkbox"/> Equipment testing organisation                |
| <input type="checkbox"/> Other (please state) _____              |  |

**Please attach a copy of your organisation's bylaws or other governance document**

*continued/.....*

**Affiliate Members** Please indicate whether your organisation or company is a:

- Branch of a WPC Full Member organisation (*state which*) \_\_\_\_\_
- Member of a WPC member organisation (*state which*) \_\_\_\_\_
- Manufacturer                       Distributor/Wholesaler                       Publisher
- Other (*please state*) \_\_\_\_\_

Does your organisation/company operate     Locally                       Nationally                       Internationally

**All applicants** Please indicate the area(s) of the plumbing or allied industry in which your organisation or company operates:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Air conditioning                    | <input type="checkbox"/> Backflow/Cross Connection prevention | <input type="checkbox"/> Drainage                   |
| <input type="checkbox"/> Education                           | <input type="checkbox"/> Filtration                           | <input type="checkbox"/> Fire prevention/protection |
| <input type="checkbox"/> Gas                                 | <input type="checkbox"/> Government agency                    | <input type="checkbox"/> Heating                    |
| <input type="checkbox"/> Hydronics                           | <input type="checkbox"/> Inspection                           | <input type="checkbox"/> Installation               |
| <input type="checkbox"/> Local/regional Government           | <input type="checkbox"/> Marketing                            | <input type="checkbox"/> Mechanical                 |
| <input type="checkbox"/> Legal                               | <input type="checkbox"/> National Government                  | <input type="checkbox"/> Plumbing                   |
| <input type="checkbox"/> Publishing                          | <input type="checkbox"/> Refrigeration                        | <input type="checkbox"/> Service and repair         |
| <input type="checkbox"/> Training                            | <input type="checkbox"/> Water treatment                      |   |
| <input type="checkbox"/> Other ( <i>please state</i> ) _____ |   |   |

**Now please mail this application** to the Secretariat at the address below. Payment must accompany the application, either as a cheque sent with this form, or a Bankers Draft or Telegraphic Transfer.

Full details of payment methods are shown in the panel at the foot of this page.

*Please tick the appropriate box to indicate your chosen method of payment.*

Cheque enclosed                       Bankers Draft                       Telegraphic Transfer

**World Plumbing Council Secretariat**

c/o IPHE  
64 Station Lane  
Hornchurch Essex  
RM12 6NB  
England

***If you require advice on completing this form, please contact the Secretariat:***

telephone: +44 (0)1708 472791    fax: +44 (0)1708 448987    email: [secretariat@worldplumbing.org](mailto:secretariat@worldplumbing.org)

**Method of payment**

Remittance by cheque should be sent with this application and made payable in US Dollars to "World Plumbing Council". Alternatively, payment may be made either by Bankers Draft or telegraphic transfer. For these methods of payment, the following information will be required:

**Beneficiary name:** World Plumbing Council

**Beneficiary account number:** 251594700405

**SWIFT/BIC code:** BOFMCAM2

**Beneficiary Bank:** Bank of Montreal

**Beneficiary Bank Address:**

635 - 8 Avenue South West  
Calgary, Alberta  
Canada T2P 3M3  
Fax: +1 (0)403 503 7194