



Paper Industry Technical Association

APPLICATION FOR INDIVIDUAL MEMBERSHIP

Surname: _____ Forename: _____ Mr/Mrs/Miss/Dr: _____

Professional Qualifications: _____ Job Title: _____

Specialised area: _____ Date of Birth: ____ / ____ / ____

Private Address: _____

Post Code: _____ Tel: _____ Fax: _____

Company Name: _____

Nature of Business: _____

Company Address: _____

Tel: _____ Fax: _____ e-mail: _____

Address for PITA Correspondence: _____ Private: _____ Business: _____

How did you hear about PITA: _____

SUBSCRIPTION YEAR 1st JANUARY - 31st DECEMBER

Full individual membership.....	£130.00 Inclusive
Associate membership	£60.00 Inclusive
Retired membership.....	£48.00 Inclusive

Overseas membership add postage (£25.00 Europe, £35.00 rest of the world)

Please forward completed application form together with your remittance to:

PITA, 5 Frecheville Court, Bury, Lancashire, BL9 0UF, England. (Fax: (+44) 0300 3020 160)

Please debit my Visa/Mastercard/Eurocard/Debit Card No:

Signed: _____ Expiry Date: ____ / ____ / ____

Cardholders name & statement address:

NOTE: A photocopy of this form is acceptable.

For Administration only

Membership No:	_____	Company No:	_____
District:	_____	Amount Paid:	_____

No refunds for cancellations will be given.