



Kingsley House, Ganders Business Park, Kingsley, Bordon, Hampshire GU35 9LU
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www.hemplime.org.uk

APPLICATION FOR FULL MEMBERSHIP CONTRACTORS	
1. NAME OF COMPANY OR INDIVIDUAL	
2. ADDRESS	
TEL	
FAX	
EMAIL	
WEB	
3. ASSOCIATION'S CONTACT	
	<i>Name and position in company of representative who will attend meetings</i>
4. DATE OF FORMATION OR REGISTRATION	
5. VAT REGISTRATON NUMBER	
6. COMPANY STATUS	
	<i>If a member of a group of companies, give the name and address of the ultimate parent company and other subsidiaries involved in building construction or associated field in the UK</i>
7. IF A LIMITED COMPANY	
	<i>State Registration Number and Registered Address, if different from above. (Also enclose, on a separate sheet, names and addresses of Directors)</i>

8. BRIEF DESCRIPTION OF COMPANY BUSINESS

9. APPROXIMATE TURNOVER

10. PERCENTAGE OF OVERALL TURNOVER IN HEMP LIME MATERIALS

11. STATE ANY OTHER TRADE ASSOCIATION OR ORGANISATION OF WHICH COMPANY IS A MEMBER

12. ORGANISATION

Give details of your company structure and lines of responsibility and authority

13. QUALITY SYSTEMS

Give details of quality system, state if approved to BSEN ISO 9000 and which part

14. OTHER STANDARDS

Give details of any other UK and/or overseas standards which your products meet

15. HEMP LIME PROJECTS

Enclose copies of project or evidence of activities

16. REASONS FOR WISHING TO JOIN ASSOCIATION

17. SPONSORS FROM TWO EXISTING MEMBERS OF THE HLCPA

These will be contacted direct for a reference

NAME	
POSITION	
COMPANY	
NAME	
POSTIION	
COMPANY	

18. NAME THREE CLIENTS FOR WHOM YOU HAVE COMPLETED PROJECTS OR ARE CURRENTLY WORKING FOR THAT INCLUDE HEMP LIME PRODUCTS

Complete details fully as written references will be sought

1.	CONTRACT NAME	
	CONTRACTOR	
	PRODUCT APPLIED	
	TYPE OF WORK	
	VALUE	
	EMPLOYER/CLIENT CONTACT NAME	
	ADDRESS	
2.	CONTRACT NAME	
	CONTRACTOR	
	PRODUCT APPLIED	
	TYPE OF WORK	
	VALUE	
	EMPLOYER/CLIENT CONTACT NAME	
	ADDRESS	
3.	CONTRACT NAME	
	CONTRACTOR	
	PRODUCT APPLIED	
	TYPE OF WORK	
	VALUE	
	EMPLOYER/CLIENT CONTACT NAME	
	ADDRESS	

- We agree to abide by the Rules of the Association.
- We understand that the Committee reserve the right to request further information and/or interview prior to their decision which will be final. Resubmission of a failed application will not be considered until 12 months has elapsed from the date of the Committee's decision.

I enclose:

- Three year's Audited Accounts
- Copy of Safety Procedures
- Copies of Insurance Certificates

SIGNED _____

NAME _____

POSITION _____

DATE _____