**Become a member**

**Company Details**

|  |  |
| --- | --- |
| **Name**  |   |
| **Job Title**  |   |
| **Company**  |   |
| **Address:**  |
| **City**  |   |
| **County**  |   |
| **Post Code**  |   |
| **Country**  |   |
| **Tel No.**  |   |
| **Fax No.**  |   |
| **Email**  |   |
| **website** |   |
| **Signed\***  |   |
| **Date**  |   |

 \*I agree to the terms and conditions (linking to benefits and rules page) □

This data will be held on file as long as necessary for the purpose of maintaining contact with the associate and providing information from icmPrint Ltd. It will not be shared with third parties without your consent.

Please send an invoice for the WCPC Associate annual fee of £1000 + VAT for the period 1st September 2016 – 31st August 2017.

**Invoice Address**

Please fill in invoicing details below if they differ from above:

|  |  |
| --- | --- |
| **Name**  |   |
| **Job Title**  |   |
| **Company**  |   |
| **Address:**  |
| **City**  |   |
| **County**  |   |
| **Post Code**  |   |
| **Country**  |   |
| **Tel No.**  |   |
| **Fax No.**  |   |

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