



APPLICATION FOR MEMBERSHIP OF DWTA

We the undersigned hereby apply to be enrolled on the Register of Members of DWTA (The Domestic Chemical Water Treatment Association) and agree to be bound by the Memorandum and Articles of Association

Company: _____

Authorised signature: _____

Please print name: _____

Position in Company: _____

Date: _____

Please return your completed application form to:

Kelly Butler
Director
DWTA
Westminster Tower
3 Albert Embankment
London
SE1 7SL