



PLEASE PRINT OUT THIS FORM AND POST TOGETHER WITH YOUR CHEQUE PAYABLE TO TWI LTD AND LIST OF EMPLOYEES AS DETAILED BELOW.

Institute of Rail Welding (IoRW) - Application for Corporate Membership

Name of Firm, Company or Organisation:

Nature of business in which applicant is engaged:

We hereby apply to be enrolled on the Register of Corporate Members of IoRW and appoint:

Name _____

Company _____

Address _____

Tel: Switchboard _____ Fax _____

Direct _____ E-mail _____

as our Main Contact to be the company's contact person for administrative matters relating to this membership.

1. We undertake to treat, and require our employees to treat, all information obtained by virtue of membership and which is not the subject of common knowledge nor openly published elsewhere as strictly confidential and not to be communicated either directly or indirectly to any corporation or person not a Corporate Member of IoRW without the written consent of the IoRW Management Committee and to continue to abide by this provision in the event of our ceasing to be a Member.
2. This agreement is governed by English Law.
3. We understand that we may withdraw from IoRW by giving notice in writing duly signed to the Executive Officer at least six months before the expiration of our subscription year and on paying with such notice any unpaid subscription due in respect of the current and previous years and any other contribution which we may have undertaken to make. In default of such notice being so given we shall be liable to pay the subscription for the ensuing year. We also understand that any subscription reassessment will require six months written notice.

Date _____ Signed _____

Print name _____

Job title _____

For and on behalf of (organisation) _____

Please attach a list of name and addresses of employees of your company to whom we should send the relevant IoRW technical communications, e.g. newsletters, meeting notices, web site passwords, etc. The data we require on each person is as follows:

Full name

Date of birth

Address for correspondence (a home address is acceptable)

Email address

Contact telephone number

Existing IoRW membership number if applicable

This information can be provided on a spreadsheet.

Once completed please return this application form, list of employees and cheque payable to TWI Ltd to:

**Institute of Rail Welding
C/o Professional Division
The Welding Institute
Granta Park
Great Abington
Cambridge
CB1 6AL**