

MEMBERSHIP APPLICATION

please make check out for $\pounds100.00$ and payable to NEWH and mail/
email to: chapter affiliation: United Kingdom

NEWH/UK Membership c/o KevinSwart Arteriors, Chelsea Harbour Design Centre 206 Design Centre East, Lots Road London SW10 0XF

personal information:

last name:			home address:				
first name:			city:				
middle initial:			shire:	pos	tal code:		
			phone: personal				
			e-mail:				
*personal information is not published or shared			date of birth: (d/m/y)				
business info	restion						
business info	ormanon:			luce to a			
position:				YEAR entered industry: type of business:			
company:	company:			igement,			
address/suite:			, mininguesini ning, preesinen				
city:							
shire:	postal cod	le:					
phone/ext:							
business e-mail:							
web address:			mailing pre	ference:	home: busines	s:	
Memorandum of Assoc	ciation and Articles of Ass	ecutive Women in Hospito sociation of the Company	of Applicant Dity UK Limited (the Company 1. I attest to the accuracy of the NEWH, Inc. By applying for	ne information i	n this application and will	do all	
NEWH email, and a	gree to the NEWH Code	of Ethics, Photo Release, o	and Member Logo Policy - se	e newh.org/me	mber-agreement for deta	ails	
signature:				(date:		
Credit Card: Visa Mastercard		BACS Payme	nts				
Amt: £ Exp Date CVC Code		Nat West Bank Ac	Nat West Bank Account No: 26601087 Sort Code: 56-00-31				
			BIC: NWBK GB 2L	IBAN: GB 59 N	WBK 5600 3126 6010	87	
Billing Street Address				ments make	e cheques payable to NE		
Billing City				ments - mare	cheques payable to M		
5	Shire	Postal Code				EWH UK	
Card number	Shire	Postal Code	Send cheque to: Kevin Swart Arteriors			EWH UK	
		Postal Code	Send cheque to: Kevin Swart		ad	ewh uk	