

Pay receipt of ISTA invoice following your election. INTERNATIONAL PAYMENTS: ISTA requires new members to accept all bank charges in relation to international payments. The amount received into our bank account must equal the requested invoice amount.

MEMBERSHIP APPLICATION FORM

Name of company:

We wish to be elected as a member of ISTA and agree, if elected, to be bound by the rules of the association. This form is also for use by service providers, who are deemed to be associate members.

Address:			
Telephone number:			
Website:			
Description of business:			
Year established:			
Country of incorporation:			
VAT registration number			
Name of director/ partner/ p	roprietor:		
Name of representative:			<u>.</u>
Email:			<u>.</u>
Products covered (please in	dicate as appropriate)		
force in the European Union this form, it will be understo	n. It regulates how organisatio ood that you (above named re	9. Merchant bar & light sections 10. Heavy Sections 11. Tubular products 12. Engineering bar It from 25th May 2018 the GDPR ns may use, store and delete pe presentative) wish to receive IST be able to opt out at any time aft	rsonal data. By signing A e-circulars and other
and for direct communicatio other entities. You may unsu	ns with you if and when require	STA secretariat for the purpose of ed. ISTA does not share its e-circugan email to this effect to hughban moved from the mailing list.	ılar list with members or
Signature:	Position in	n firm:	
Proposer Name	Member o	company	
Seconder Name	Member o	company	

(at least one of the proposer/seconder must be a member of the executive committee)