

# EUROPEAN PLATFORM AND STAIRLIFT ASSOCIATION (EPSA)

## REGISTRATION FORM

Company name:.....

Address:

.....  
.....

..... Country.....

Telephone: ..... Fax:.....

E-mail: ..... Web:.....

Name of the main Company representative:.....

E-mail of the main Company representative: .....

Position: .....

We supply (please mark)	<u>Domestic Market</u>		<u>International Market</u>	
	as a Manufacturer	as a Distributor	as a Manufacturer	as a Distributor
Straight Chair Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curved Chair Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight Platform Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curved Platform Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enclosed Platform Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open Platform Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Straight Standing Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curved Standing Stairlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Rise Steplift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a distributor, main brand represented:

.....

### Declaration

This Company declares to be fully committed to the aims of EPSA as detailed in our correspondence and as also stated as Objects in Article 2 of the Statutes, a copy of which I have received. We confirm we shall pay the annual subscription (or part fee for the remainder of the year), for this calendar year upon receipt of invoice.  
(Manufacturers Annual Fee – Euros 2000, Distributors Annual Fee – Euros 1000)

STAMP AND SIGNATURE

.....Date

.....

### Please return completed form to:

Mr T Faithfull, EPSA, Airport House, Purley Way, Croydon, Surrey CR0 0XZ, U.K.  
Fax: (+ 44) (0) 20 8253 4510 Email: [tim@admin.co.uk](mailto:tim@admin.co.uk)