

**EUROPEAN PLATFORM AND STAIRLIFT ASSOCIATION (EPSA)  
REGISTRATION FORM**



Company Name:.....

Address: .....

.....Country.....

Telephone: ..... E-mail: .....

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

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

Position: .....

<b>We supply (please mark)</b>	<b><u>Domestic Market</u></b>		<b><u>International Market</u></b>	
	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"/>
Goods Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If a distributor, main brand represented:

.....  
Supplier of Components

Installation/Service Providers

**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 that we shall pay the annual subscription fee for an initial period of 12 months upon receipt of invoice, and subsequent fees whilst remaining a member as they become due. **Note: the fee will be 50% of the full fee for the first 12 months.**

*Manufacturers Annual Fee – €2000 for main company and €500 for each subsidiary, Distributors Annual Fee – €1000, Component Suppliers Annual Fee - €500, Installation/Service companies Annual Fee - €250*

Date: .....

Signature: .....

**Please return completed form to:**  
Mrs G Stirk, Unit 19 Omega Business Village, Thurston Road, Northallerton, DL6 2NJ  
Tel: (+ 44) (0) 20 8253 4503 Email: gill.stirk@admin.co.uk