

Print name as shown on card

Signature

MEMBERSHIP APPLICATION

please make check out for \pounds 100.00 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

			London SW10	
personal info	ormation:			
last name:		home address:		
first name:		city:		
middle initial:		shire:	postal code:	
		phone:		
		personal e-mail:		
personal information is not published or shared		date of birth:		
business info	ormation:			
position:		YEAR entered in	ndustry:	
company:		type of bu	usiness:	
address/suite:		i.e., design, sales, hotel ma manufacturing, procure	ement, etc.	
city:				
, [nostal anda.			
shire:	postal code:			
phone/ext:				
business e-mail: web address:		 mailing pr	reference: home: business:	
please list two (2) industry references who have kno name: company:		-	phone:	
Memorandum of Assoc within my power to mai	ciation and Articles of Association of the C intain and enhance the integrity and pres	Company. I attest to the accuracy of stige of the NEWH, Inc. By applying fo	ny) with immediate effect, upon and subject to the the information in this application and will do all or NEWH membership, I am agreeing to opt-in to ee newh.org/member-agreement for details date:	
		BACS Paym		
		·		
Amt: £ Exp Date CVC Code		_	Nat West Bank Account No: 26601087 Sort Code: 56-00-31	
		BIC: NWBK GB 2	L IBAN: GB 59 NWBK 5600 3126 6010 87	
Billing Street Address		Chaqua D	ayments - make cheques payable to NEWH UK	
Billing City Shire Postal Code		 	aymonto - make eneques payable to NEWH OK	
		Send cheque to: Kevin Swart	Send cheque to: Keyin Swart	
Card number		Arteriors	Arteriors	
Nich a cons			Chelsea Harbour Design Centre 206 Design Centre East, Lots Road	

London SW10 0XF