



International Water Mist Association

Poststraße 33
D-20354 Hamburg
Germany

Membership Application

- Private Membership -

Name _____

First Name _____ Birthday (optional) _____

Address _____

Phone _____ Fax _____ Email _____

Employer _____

Address _____

Phone _____ Fax _____

Internet Address _____ Email _____

I declare that I have given accurate information in this membership application. Furthermore, I attest to know the articles of the IWMA and I approve of their contents. I will accept the decision of the board on this application. Moreover, I will spare no effort to enhance and to support the further development of water mist technology in the world.

I declare that I am an expert / we are experts in the field of water mist (please tick the designated space)

I declare that I / we accept the rules of good practice. (please tick the designated space)

I declare that I / we comply with the law. (please tick the designated space)

I agree / do not agree to the publication of my personal data on the member list.

The annual member fee for private membership is 187.50 €. There is a reduced fee of 62.50 € reserved for fire department officers and students. Please tick what is appropriate:

187.50 €

62.50 €

Have you been a member of IWMA in previous years? _____ If yes, could you specify the space of time: _____

Please note: Private IWMA membership does not include the right to vote. This application form came into effect on 22nd October 2019 (date of the 2019 IWMA member meeting) and is valid until further notice.

Recommended by (optional) _____

Place _____ Date _____

Signature _____ Job Title/Position _____

Please return your completed application to the IWMA, Poststraße 33, 20354 Hamburg, Germany.
For further information call at +49 174 3013878 (Fax +49 40 35085-80) or email to info@iwma.net