



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 150,- €. There is a reduced fee of 50,- € reserved for fire department officers and students. Please tick what is appropriate:

150,- €

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 comes into effect on 1st January 2017 and will be valid until further notice.

Recommended by (optional) _____

Place _____ Date _____

Signature _____ Job Title/Position _____