



**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 comes into effect on 1<sup>st</sup> January 2020 and will be valid until further notice.

Recommended by (optional) \_\_\_\_\_

Place \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Job Title/Position \_\_\_\_\_