

MEMBERSHIP APPLICATION

Private Membership



First Name		Surname	
Phone / direct		Mobile Phone	
E-Mail / direct		Job Position / Title	

Birthday (optional):

Employer	
Address	

Phone / general		Fax / general	
Internet Address		E-Mail / general	

☐ 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. (please tick the designated space)

☐ 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 to the publication of my personal data on the member list. (please tick only if you agree)

The annual member fee for private membership is 200.00 €. There is a reduced fee of 62.50 € reserved for fire department officers and students. Please tick what is appropriate:

☐ 200.00 €

☐ 62.50 €

Has the applicant been a member of IWMA in previous years?	yes	no
If yes, could you please specify the time		

Please note: Private IWMA membership does not include the right to vote.

Recommended by (optional)	
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Place		Date	
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Legally binding signature	
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Please note: This application form will come / came into effect on 1st January 2026 and will be valid until further notice.

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