



the association for
British Furniture Manufacturers

Application form for full membership

BFM welcomes applications for Membership from any business established in the United Kingdom of Great Britain and Northern Ireland and the Republic of Ireland which manufactures furniture products.

Company details

Company Name	Trading Name
Address	
Address	
Town	County
Post Code	
Main e-mail	Web
Tel	Fax

Contacts

Managing Director	Name
	Email
Sales & Marketing	Name
	Email
Health & Safety, Environment	Name
	Email
Human Resources	Name
	Email
Export	Name
	Email

BFM Services



pls tick services that are of interest to your company

BFM Web site / Online Directory	<input type="checkbox"/>
Employment & Personnel Support	<input type="checkbox"/>
Health, Safety and Environment Support	<input type="checkbox"/>
BFM Logo	<input type="checkbox"/>
Business Enquiries & Sales Leads	<input type="checkbox"/>
National Labour Agreement	<input type="checkbox"/>
Export Services	<input type="checkbox"/>
Business Support Help line	<input type="checkbox"/>
British Standards & Product Support	<input type="checkbox"/>
Customs Duty Advisory Service	<input type="checkbox"/>
Climate Change Levy Rebate Scheme	<input type="checkbox"/>
Preferential Purchasing (diesel fuel, electricity, gas, water, telephone)	<input type="checkbox"/>
London Fabric	<input type="checkbox"/>
Reports, Statistics & Surveys	<input type="checkbox"/>
BFM Newsletter	<input type="checkbox"/>
Design Protection	<input type="checkbox"/>
Credit Search	<input type="checkbox"/>
Representation	<input type="checkbox"/>
Management Development Group	<input type="checkbox"/>

Company Information

No of Employees:	UK Turnover:
Company Reg N°:	VAT N°:

Subsidiaries and out-sourced manufacturers

(this information helps establish the percentage of the industry that is represented by BFM)

- Please list the names of any subsidiaries / parent companies that you have:
- Please list the names of any UK companies that you outsource manufacturing to:

Product Information

Please tick all that apply ✓

<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> BESPOKE	<input type="checkbox"/> OTHER <small>please specify:</small>
<input type="checkbox"/> Chairs	<input type="checkbox"/> Airport		
<input type="checkbox"/> Dining table & coffee table	<input type="checkbox"/> Conference		
<input type="checkbox"/> Home entertainment	<input type="checkbox"/> Church		
<input type="checkbox"/> Shelves & other cabinet furniture	<input type="checkbox"/> Healthcare		
<input type="checkbox"/> Home office	<input type="checkbox"/> Educational		
<input type="checkbox"/> Upholstery	<input type="checkbox"/> Hotel / Restaurant		
<input type="checkbox"/> Bedroom furniture + mattresses	<input type="checkbox"/> Institutional		
<input type="checkbox"/> Children's furniture	<input type="checkbox"/> Laboratory		
<input type="checkbox"/> Garden furniture	<input type="checkbox"/> Leisure		
<input type="checkbox"/> Kitchen & bathroom	<input type="checkbox"/> Library		
	<input type="checkbox"/> Office		
	<input type="checkbox"/> Retail		

Subscription Payments

Subscriptions can be paid in a single payment due on receipt of invoice, or quarterly (+ 2% service charge) or monthly (+ 5% service charge). Please indicate payment method:

Cheque Bacs Quarterly Bacs Monthly

Please return the completed form with a copy of your letter heading, and the membership fee to BFM, Wycombe House, 9 Amersham Hill, High Wycombe, Bucks HP13 6NR

UNDERTAKING - important notice

Any member company wishing to withdraw from membership must give written notice **at least three months** prior to the commencement of the financial year, which begins on 1st January, otherwise the subscription for the full year and all outstanding liabilities will be payable.

I, the undersigned, am authorised to give an undertaking that the Company agrees to be bound by the above conditions.

Name *(capitals please)*: _____ Position: _____

For and on behalf of: _____

Signed: _____ Date _____