



NATIONAL EQUINE WELFARE COUNCIL
APPLICATION FORM – ASSOCIATE EQUINE MEMBER

NAME OF BUSINESS			
NATURE OF BUSINESS (e.g. Saddler /Tack shop /Feed Merchant)			
ADDRESS	Post Code:		
TELEPHONE NUMBER (including STD Code)			
FAX NUMBER (including STD Code)			
E-MAIL ADDRESS			
WEBSITE ADDRESS			
DIRECTOR /CHAIRMAN /MANAGER (Please state)			
NAME OF CONTACT			
CONTACT DETAILS (IF DIFFERENT FROM ABOVE)			
STAFF NUMBERS	Full Time Part Time Volunteer Other (Please specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



<i>SIGNATURE OF CONTACT</i>	<i>SIGNATURE OF SENIOR MANAGEMENT</i>
<i>CONTACT NAME /POSITION</i>	<i>POSITION IN ORGANISATION</i>
<i>DATE</i>	<i>DATE</i>

Please send this application to:-

**NEWC, Abbey Park, Stareton, Kenilworth, Warwickshire,
CV8 2XZ**

Notes

- 1. Please do not send any money with this application**
- 2. Acknowledgement of receipt will normally be sent within 14 working days**
- 3. Please note that application forms are not accepted electronically**