



NATIONAL EQUINE WELFARE COUNCIL  
**APPLICATION FORM – ASSOCIATE MEMBER**

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



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

**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**