

Membership Application Form Please complete, sign and return to the BHA

Full Company Name: _____

Contact Person: _____ Email Address: _____

Additional Contact(s): *(for Company level and above only)* _____

Email Address(es): _____

Company Address: _____ Post Code: _____

Tel No: _____ Fax No: _____ Web: _____

Type of Organisation:

Supplier *(products/services)*

Description of products/services supplied: _____

Do you export your products/services? _____

Generators *(including developer/owners)*

No. of schemes: _____ Total installed capacity: _____

Other *(please specify):* _____

Number of employees: _____ Annual Turnover: _____

% of turnover associated with hydropower: _____

Membership level preferred *(see Additional Benefits & Services):*

- | | |
|---|--|
| <input type="checkbox"/> Sponsor | <input type="checkbox"/> Principal Company <i>(turnover >£2m)</i> |
| <input type="checkbox"/> Company | <input type="checkbox"/> Correspondent |
| <input type="checkbox"/> Academic Institution/Charity | <input type="checkbox"/> Private <i>(individual with no commercial interest)</i> |
| <input type="checkbox"/> International | |

Please provide any further details or information on a separate sheet.

Please tick if you would like your details to appear on our website
(see Additional Benefits & Services for criteria)

Please note that in order to keep costs to a minimum we will send communications and newsletters by email. By signing this form you are accepting these terms.

Signature: _____

Printed name: _____

Position: _____ Date: _____

OFFICE USE ONLY:

Membership No: _____ Sector: _____ Category: _____ Date Joined: _____

Annual Fee: _____ Comments: _____