



## Climbing Walls Manufacturers Association Membership Application Form

Please print this form out. Once completed, return it by post to the address at the base of the page. Please keep a copy of this document for your records.

Membership Type applied for:

FULL / ASPIRANT

Company Name

Names of all Directors / Partners

Company Address

Telephone Number

Fax. Number

E Mail Address

Workshop Address (if different from above)

Size of workshop

Number of Employees

BMC Associate Membership No.

Other trade associations of which applicant is a member

Legal status of company

Date of incorporation & Co. No.

Date of commencement of business

Have you been in business designing and manufacturing climbing walls for 12 consecutive months?

YES / NO

Do you have a Health & Safety policy?

YES / NO

Do you have CoSHH assessments?

YES / NO

Do you have CHIP assessments?

YES / NO

Do you have £2m Public/Employer Liability Insurance?

YES / NO

Do you have £2m Product Liability insurance?

YES / NO

Do you have Professional Indemnity?

YES / NO

Please give in the space below the names and addresses of two independent referees who can vouch for the accuracy of the above information.

Checklist of Enclosures:

- List of climbing walls manufactured and erected to date
- Engineer's calculations for 3 UK walls built to CEN Standard prEN 13600901 including as built drawings signed by the engineer
- Risk assessments for 3 UK walls
- Method statements for 3 UK walls
- Proof of company status
- All catalogues and trade literature
- Health & Safety Policy
- Proof of Insurance
- Proof of CDM compliance for 3 UK walls

We apply for membership of the CWMA in the category stated. We accept and agree to comply with the Conditions and Guidelines of the CWMA.

SIGNED.....

PRINTED NAME.....

POSITION IN COMPANY.....

DATE.....

Please return to:  
**CWMA**  
**14 Laverdene Road**  
**Sheffield S17 4HJ**

PLEASE KEEP A COPY FOR YOU RECORDS.