

APPLICANT INFORMATION

Registered
Company Name:

Address:

Business Name
(if different):

Postcode:

Contact
Name:

Position:

Email:

Telephone:

Mobile:

Website:



ABOUT THE BUSINESS

Description of product/service - **15 words max** (for member promotion activities)

PRODUCTION PROCESS

Tick all that apply

Spin

Knit

Dye

Print

Weave

Coating

Finish

Non-woven

SERVICE INFORMATION

Tick all that apply

Design & Sampling

Stock Service (If yes please advise minimum order quantity)

Commission (If yes please advise minimum order quantity)

PRODUCT INFORMATION

Tick all that apply

Textile by fibre

Cotton	Linen	Worsted	Acrylic
Felt	Imitation Leather/ Suede	Polyester	Leather/Suede
Velvet	Viscose	Wool	Alpaca/Angora/ Vicuna
Bamboo	Mohair	Fleece	Jersey
Knit Fabric	Tweed	Horsehair	Lace
Narrow Fabrics	Waxed Cotton	Cashmere	Flannel
Corduroy	Polyamide	Gauze/Webbing	Silk
Organic	Elastic	Aramid	Technical Fabrics
Other (please specify)			

Textile by end use

Fashion	Sports	Medical	Interiors
Military	Automotive / Aerospace	Construction	
Other (please specify)			

SUBSCRIPTION RATES

MEMBERSHIP CATEGORY	TURNOVER	Annual Membership excluding care labelling licence		Annual Membership Plus including care labelling licence	
		ex. VAT	inc. VAT (20%)	ex. VAT	inc. VAT (20%)
Starter	Up to £250k	£465	£558	£580	£696
Starter Premier	£250k - £1m	£870	£1,044	£1,090	£1,308
Small	£1m - £5m	£1,730	£2,076	£2,165	£2,598
Medium	£5m - £15m	£2,300	£2,760	£2,875	£3,450
Large	£15m - £35m	£3,450	£4,140	£4,315	£5,178
Very Large	£35m +	£5,740	£6,888	£7,175	£8,610

PAYMENT OPTIONS

Please tick payment method

1. Full payment of annual subscription in advance by BACS
Santander - sort code: 09-02-22; account number: 1 0587 126
2. Full payment of annual subscription in advance by Debit/Credit Card or cheque
3. Direct debit payment of 10 installments (paid via GoCardless, we will send the link to you to set this up)

Credit card details (required if selected payment 2 above)

Card type: Visa Mastercard Switch / Masetro
 Solo Amex Delta

Debit Amount: £
(Including 20% VAT)

Cardholder
Name:

Company:

Cardholder's
Address:

Postcode:

Card
Number:

Issue
Number:

Start Date:

Expiry
Date:

Security
Code:

(last 3 digits printed on back of card)

SIGNATURES

Membership is for a full calendar year and renewed automatically. Should a member not wish to continue at any time, one months' written notice of resignation is required.

I agree to pay UKFT subscription for 12 months

Membership
Category:

Date:

Subscription Amount:
(Including 20% VAT) £

Signature:

Date:

FINANCE CONTACT

Please provide the best contact for finance handling if different to applicant contact:

Contact
Name:
Email:

Position:
Telephone:

PRIVACY POLICY & COMMUNICATIONS

Please tick to confirm you consent to the following:

I understand and accept that UKFT needs to store and use my personal information to process my application and offer membership services.

Your bank details will be held by our accounts department and will not be shared with any other parties.

To view our Privacy Policy which informs you how we handle the information we obtain from you, please visit www.ukft.org/privacy-policy

I confirm I have read and understood the UKFT Membership Terms and Conditions

I (and all colleagues listed) wish to subscribe to UKFT's e-newsletter and other bulletins

List of colleague names and email addresses:

WHERE DID YOU HEAR ABOUT UKFT?

Tick all that apply

Online search - please share what you were searching for:

Recommendation - please share who from:

Social media - please share which platform:

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