



## EQUITOY APPLICATION FOR MEMBERSHIP

(Please complete all sections)

<b>Applicant Company Name</b>					
<b>Company Address</b>					
<b>Contact Name</b>					
<b>Telephone Number(s)</b>					
<b>Fax Number</b>					
<b>e-mail address</b>					
<b>Status of applicant</b> <small>(please tick one box)</small>	<b>PLC</b> <input type="checkbox"/>	<b>Pvt Ltd Co</b> <input type="checkbox"/>	<b>Partnership</b> <input type="checkbox"/>	<b>Sole trader</b> <input type="checkbox"/>	<b>Other (please specify)</b>
<b>Is the Applicant Company a Member of the BTHA/GA/TRA/Other?</b>	Yes <input type="checkbox"/>			Please state	
<b>Does the Applicant Company agree to abide by the Conditions of Membership of Equitoy?</b>	Yes <input type="checkbox"/>				
<b>Does the Applicant Company operate a formal quality assurance system (e.g BS EN ISO 9001)?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>If Yes, please specify which and give registration number</i>		
<b>Declaration</b>	<p><i>On behalf of the applicant, I/we wish to apply for membership of EQUITOY and undertake to abide by the EQUITOY Code of Practice which may from time to time be amended in the light of new developments. A copy is attached. I/We understand and accept that, if elected to membership of EQUITOY, and that if I/we disregard the Code or fail to take all steps to ensure that products are safe for use by children for whom they are intended, the Council of EQUITOY will assess my/our membership which may be terminated in the interests of other members and of EQUITOY as a whole. I/We have been trading as *Importers and/or Distributors and/or Retailers since ..... (delete as appropriate)</i></p>				
<b>Signed</b>				Position within Applicant Company	
<b>Please Print Name</b>				<b>Date</b>	

**Please return the completed application form to  
The Secretary, EQUITOY, Somers, Mounts Hill, Benenden, Kent, TN17 4ET**