



Section 1 – Application Details

Please complete all sections of the membership application and return your completed copy to membership@iwcf.org. Once our team have reviewed your application, you will be issued with the invoice for the membership fee within 10 working days.

Registered Company Name			
VAT Registration Number			
Contact Person's Name			
Contact's position in company			
Building/Street Number			
Street			
City			
County or State			
Post or Zip Code			
Country			
Internet URL			
Tel No (incl. dialling code)			
Email			
Add main contact email address to receive monthly updates from IWCF?	Yes		No
Member Company Name (This name will be shown on your membership certificate)			
Type of Company	Drilling Contactor		
	Operator		
	Training Provider		
	Well Services Provider		
	Other (please state below)		
Are you interested in becoming an IWCF accredited training centre?	Yes		No
Does your company operate under any other name?	Yes		No
Have you previously been a member of IWCF?	Yes		No
What is the main purpose of your business?	Drilling		
	Well Intervention		
	Both		
Company Registration Number - (Please also submit a copy of your company registration certificate to membership@iwcf.org)			
Country of Registration			
Date of Company Formation			



Number of Employees		
Type of Business	Individual/sole proprietor	
	Partnership	
	Publicly traded corporation	
	Private corporation	
	Limited liability partnership	
	Public Official/State owned company	
	Other (Please Specify)	
Please indicate which of these best describes where your business operates?	Single site in country of registration	
	Multiple sites in country of registration	
	Overseas Subsidiaries	
	Joint Venture	
	Consortia	
If you have indicated that you operate overseas, please list the countries where you operate.		

Section 2 - Ownership information

Please provide us with details of all company directors and their ownership interest.

Company Director Name	Position	Ownership Interest

Please provide the names of each legal (and if different beneficial) shareholder, together with a list of any majority or controlling interests in any other company.

Shareholder Name	List of majorities of controlling interest in any other company (full company name)

Please provide details of any subsidiaries or parent company including registered number, country of registration and percentage of subsidiary owned. Where possible please also provide the details in the form of a group structure chart.

Subsidiary or parent company name and registered number	Country of registration	Percentage of subsidiary owned

**Section 3 – Additional Contacts**

To help us send information to the appropriate personnel in your organisation please supply the following information:

Administration Contact

Contact Name				
Telephone Number				
Email Address				
Add contact email address to receive monthly updates from IWCF?	Yes		No	

Training Contact

Name				
Telephone Number				
Email Address				
Add contact email address to receive monthly updates from IWCF?	Yes		No	

Finance Contact

Name				
Telephone Number				
Email Address				
Add contact email address to receive monthly updates from IWCF?	Yes		No	

Section 4 – Billing Information

Please let us know which currency you would like to receive your invoice in. If you would like to pay the invoice online by credit card, please select GBP.

Invoice Currency UK - Fee £375.00 + £75.00 VAT @ 20% = £450.00 EU registered for VAT – Fee €485.00 (Zero Rate VAT) Non EU – Fee £375.00 (VAT Exempt) or US\$562.50	GBP	
	Euro	
	USD	

If your billing name/address is different to the name/address given above – please enter the details below:

Registered Company Name	
Building/Street Number	
City	
County or State	
Post or Zip Code	
Country	
Contact Name	
Telephone Number	
Email Address	



Conditions of Membership

To view our terms and conditions please click on the below link:

www.iwcf.org/membership-terms-conditions/

Please click on the link below to see our full privacy and cookies policy:

www.iwcf.org/privacy-policy/

As an authorised officer of the above company, I confirm that, to the best of my knowledge, the information given on this form is correct.

Name		Position	
Signature		Date	