

MEMBERSHIP APPLICATION FORM

APPLICANTS NAME: BUSINESS PHONE:
 BUSINESS NAME: BUSINESS FAX:
 BUSINESS ADDRESS: HOME PHONE:

DESCRIBE YOUR PRODUCT OR SERVICES:

.....

SPONSORS NAME: REGISTRATION FEE: £150 INCLUDES VAT
 (FEES ARE NON REFUNDABLE)

PLEASE ANSWER ALL QUESTIONS:

1. What experience do you have in your field / related industry?
.....
2. How long have you been with the company that you are representing today?
.....
3. Do you belong to any other networking organisation? If so, please list:
.....
4. Do you fully understand the commitment to attend meetings?
(Please note that failure to attend four meetings may result in your membership becoming null and void)
.....
5. Do you agree to abide by all the rules laid down by the membership committee?
.....

PLEASE LIST TWO BUSINESS REFERENCES

NAME:	NAME:
BUSINESS:	BUSINESS:
RELATIONSHIP:	RELATIONSHIP:
PHONE:	PHONE:
SIGNATURE:	SIGNATURE: