

MEMBERSHIP APPLICATION FORM

| Company Name: | | | | | | | | |
|---|------------------|----------------|---------------|---------|----------|---------|------------|---------|
| Address: | | | | | | | | |
| Postcode: | | | | | | | | |
| Company Telephone: | | | | | | | | |
| Email: | | | | | | | | |
| Main Contact: | | | | | | | | |
| Telephone: | | | | | | | | |
| Email: | | | | | | ••••• | | |
| Description of core bus | siness/service: | | | | | | | |
| Are you a current expo | rter? | Yes | Ī | No | | | | |
| If yes, to which Countri | ies? | | | | | | | |
| If not, are you considering? | | Yes | Ī | No | | | | |
| Please tick the appropr | riate box below: | | | | | | | |
| | Annual Rate | | | | | | | |
| Copper | £120 + vat | | | | | | | |
| Bronze | £240 + vat | | | | | | | |
| Silver | £360 + vat | | | | | | | |
| Gold | £876 + vat | | | | | | | |
| Partner for Business | £3000 + vat | | | | | | | |
| If anyone else in your contact details below: | organization wou | uld like to re | ceive informa | ation o | n events | by emai | il, please | provide |
| Name: | Em | nail: | | | | | | |
| Name: | Fm | ail: | | | | | | |

| How did you fi | nd out about the Chamb | per? | | | | | | |
|---|---|--------------------|---|--|--|--|--|--|
| An existing member business | | | Received Chamber magazine | | | | | |
| If so, who: | | | | | | | | |
| Attended event as a guest | | | Website | | | | | |
| Talking to Chamber Staff/ | | | Other (please specify) | | | | | |
| Board Member | | | | | | | | |
| | | | | | | | | |
| | | PAYMENT D | DETAILS | | | | | |
| Annual Subscri | ption | £ + | - vat Total £ | | | | | |
| Please pay by E | BACS as far as possible o | r you can pay by | y Standing Order: | | | | | |
| Branch: | Branch: Bank of Scotland, High Street, Dumfries | | | | | | | |
| Sort Code: 80 11 60 | | | | | | | | |
| Account No.: 06044962 | | | | | | | | |
| Please make ch | neques payable to Dumf | ries & Galloway | Chamber of Commerce | | | | | |
| If you wish to b | pe issued with an invoice | e, please tick her | re and provide PO number | | | | | |
| | | | | | | | | |
| IMPO | RTANT DECLARATION – | MUST BE COMP | PLETED TO REGISTER YOUR MEMBERSHIP | | | | | |
| 1. Inform | ation on this form will b | e stored on our | database to enable us to identify potential | | | | | |
| | trading partners, customers and suppliers and to allow us to best serve your business | | | | | | | |
| • | requirements. To represent your Company at local, national and international levels. Your Company details will be posted on our website to encourage networking and inter-trading. We | | | | | | | |
| • | | | ver, you do not wish your details to be made | | | | | |
| available to others, you must tick this box | | | | | | | | |
| I accept that I shall receive information from Dumfries & Galloway Chamber of Commerce by mail or email to promote events and services. Tick this box if you do not wish to receive | | | | | | | | |
| inform | * | | | | | | | |
| I am an authorized signatory on behalf of the named Company on this application and I apply for membership of Dumfries & Galloway Chamber of Commerce. | | | | | | | | |
| memo | ership or building a du | moway chamber | or commerce. | | | | | |
| Signed: | | Design | nation: | | | | | |
| _ | | _ | | | | | | |
| | | | ies & Galloway Chamber of Commerce, Eskdale | | | | | |
| | • | • | IO Tel: 01387 270866 Fmail: | | | | | |

Please return completed form with payment to Dumfries & Galloway Chamber of Commerce, Eskdale House, The Crichton, Bankend Road, Dumfries DG1 4UQ Tel: 01387 270866 Email: admin@dgchamber.co.uk