



Alresford

Chamber of Commerce

APPLICATION FOR MEMBERSHIP

I/We wish to apply for membership _____

Company _____

Address _____

Postcode _____

Principal Contact Name _____ Mr/Mrs/Miss/Other _____

Position within Company _____

Telephone Number _____ Email _____

Secondary Contact Name _____ Mr/Mrs/Miss/Other _____

Position within Company _____

Telephone Number _____ Email _____

Additional contact names (if any) _____

Company website address _____

Nature of Business _____

Reasons for joining the Chamber _____

How did you hear about the Chamber of Commerce?

Website Local Press Email Event/Seminar Contacted by the Chamber

Recommended by current member (please specify) _____

Other (please specify) _____

Are you a member of any other business networking organisations? If so, please specify which

Please describe your business in 50 words. The text provided here will be used to introduce your company to other member businesses in our regular member newsletter.

I/We enclose a cheque for the sum of £58.00 payable to the Alresford Chamber of Commerce for membership