



MEMBERSHIP APPLICATION FORM 2017

I wish to apply on behalf of the following Company / Business for membership of Connemara Chamber of Commerce, subject to approval of Council, and agree to be bound by its Memorandum and Articles of Association.

YOUR DETAILS

Business Name:		Telephone No:	
Address:		Mobile No:	
		Fax No:	
		Website:	
Email Address:		No of employees:	

Business Sector: <i>Please tick (✓)</i>	<input type="checkbox"/> Retail/Distribution <input type="checkbox"/> Education/Training <input type="checkbox"/> Tourism <input type="checkbox"/> Service <input type="checkbox"/> Sole Trader <input type="checkbox"/> Construction <input type="checkbox"/> Industrial <input type="checkbox"/> Limited Company <input type="checkbox"/> Cultural/Artistic <input type="checkbox"/> Product / Service <input type="checkbox"/> Other (Please specify) _____
Product / Service:	

Applicant Name:		Applicant Position:	
Signature:		2nd Contact:	

Name of person that all correspondence should be sent to (if different to above) _____

Reasons for applying: (please ✓)
 Approached by Chamber representative
 Suggested by Chamber member
 Own decision

SUBSCRIPTION RATE JAN 2016 to DEC 2017 - €190.00

- After 1st year membership will be deducted by means of direct debit.
- This will be deducted in two equal amounts of €95.00 at 6 month intervals.
- Please complete attached direct debit form and return with membership application.

PAYMENT

Payment must be received with this application form in order to be considered by the council for ratification. Please enclose a **cheque** payable to Connemara Chamber of Commerce for €190.00

Please return completed form with payment to: Connemara Chamber of Commerce, c/o Terence O'Toole, Main Street, Clifden, Co. Galway. Tel. (087) 7784856 / Email: info@connemarachamber.ie

When your application is received, it must be ratified by Chamber Council. You will receive notification once ratified.

Effective 01/01/2017