

MEMBERSHIP APPLICATION FORM 2021

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:	
		Eircode:	
		Website:	
Email Address:		No of employees:	
		·	
Business Sector:	☐ Retail/Distribution ☐ Education/Training ☐ Tourism ☐ Service ☐ Sole Trader		
Please tick (√)	☐ Construction ☐ Industrial ☐ Limited Company ☐ Cultural/Artistic ☐ Product / Service		
	☐ Charity ☐ Community Group ☐ Sports Group		
	☐ Other (Please specify)		
Product / Service:			
Applicant Name:		Applicant Position:	
Signature:		2nd Contact:	
Name of person that all co	orrespondence should be sent to (if differ	rent to above)	
		presentative	
	SUBSCRIPTION	ON RATE JAN 2021 to DEC 2022	
Special Offer for new members		€100	
Business with 1 - 5 employees		€200	
Business with 6 - 10 employees		€250	
Business with 11 - 20 employees		€300	
Business with 20+ employees		€400	
		PAYMENT	
 Payment must be red	ceived with this application form i	n order to be considered by the council	for ratification. Please enclose a
•	• •	or transfer can can be made to bank de	

Connemara Chamber of Commerce Bank of Ireland, Clifden, Co. Galway **BIC BOFI IE2D**

IBAN IE36BOFI90377967427404

Please return completed form with payment to: Connemara Chamber of Commerce, Platfrom 6, Galway Road, Clifden, Co. Galway (Beside Tourist Office) Tel. (089) 9526795 / Email: info@connemarachamber.ie

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