

MUCH WENLOCK & DISTRICT CHAMBER OF TRADE



different businesses, one voice

Membership Form

Membership No. _____

Title.....Initials.....Surname.....

Business name.....

Email address.....

Landline telephone.....

Mobile telephone.....

Business address.....

.....Post code.....

Brief description of your business.....

Your position in the business.....

Years in business (please circle): 0-3 4-6 7-9 10+

Other expertise you can contribute to the Chamber (eg. Public Relations experience):
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.....
.....

Membership of any other relevant associations/organizations:
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.....
.....

Data Protection Act:

I/We give permission for the details contained on this form to be stored on either a manual or computer data base for the sole purpose of managing Much Wenlock & District Chamber of Trade membership, mailing and networking contact by members.

SIGNED..... NAME (please print).....