



Application for Membership

Complete this form today and begin to enjoy the benefits

Thank you for your interest in Chamber Membership. In order that we can give you the greatest benefits of Membership, please complete this Application Form and return to the address on reverse. This data will be added to the Chamber's membership database and will be treated with sensitivity. Your business will also be promoted on the Chamber's Website. Our aim is to find you more potential customers locally, nationally and internationally, so "the more we know the more you grow"!

TRADING NAME OF BUSINESS:	
REGISTERED NAME OF BUSINESS (if different from trading name):	
COMPANY REGISTRATION NUMBER:	YEAR ESTABLISHED:

BUSINESS ADDRESS:	
PHONE:	FAX:
EMAIL:	WEBSITE:

TOTAL NUMBER OF STAFF AT THIS ADDRESS:	TOTAL NUMBER OF STAFF IN BUSINESS:	
IS THIS LOCATION A HEAD OFFICE? YES / NO		
PARENT COMPANY NAME:	PARENT COMPANY NATIONALITY:	
IS YOUR COMPANY A MEMBER OF ANY OTHER CHAMBER OF COMMERCE? (please list below) YES / NO		
TRADEMARKS: Yes / No	IMPORT? Yes / No	EXPORT? Yes / No

PRIMARY PRODUCTS/SERVICES (list the central aspect of your business)	SECONDARY PRODUCTS/SERVICES (list ancillary or support services to your core business)	TRADE OR BRAND NAME

PRINCIPAL CHAMBER CONTACT (contact for Chamber correspondence):	
JOB TITLE:	PERSONAL ASSISTANT:
DIRECT PHONE:	DIRECT FAX:
MOBILE:	DIRECT EMAIL:

Contact Names

Please name the person in your business that is responsible for the following functions:

FUNCTION	CONTACT NAME	JOB TITLE	DIRECT PHONE	EMAIL
MANAGING DIRECTOR/CHIEF EXECUTIVE				
LEGAL				
FINANCE				
UK SALES				
EXPORT SALES				
MARKETING				
PUBLIC RELATIONS				
PRODUCTION				
PURCHASING				
R & D				
PERSONNEL				
TRAINING				
INFORMATION TECHNOLOGY				
DISTRIBUTION				
QUALITY				
COMPANY SECRETARY				
ENVIRONMENT				

Membership Fee (please refer to the Subscription Rate Sheet to complete this section)

Subscription Category: Rate: £ INC VAT
 ... don't forget, your Chamber Membership Subscription fee is tax deductible

Membership of the Chamber is at the discretion of the Board. In the event of an application being turned down, the membership and registration fee will be returned in full to the applicant.

Preferred Method of payment: Credit Card Payment (Chamber will be in contact)
 Invoice
 Cheque Enclosed (made payable to P&SEH Chamber of Commerce).

I/we hereby apply for Membership to the East Hampshire Chamber of Commerce & Industry and if elected I/we undertake to be bound by the Memorandum and Articles of the Chamber. I/we undertake to notify the Chamber in writing before the renewal date, if I/we wish to cease to be a member for whatever reason. I/we understand that if I/we would be liable for a charge (not more than 1 year's membership subscription) if this is not undertaken.

NAME:	POSITION:
SIGNED:	DATE:

PLEASE RETURN TO: East Hampshire Chamber of Commerce & Industry,
 Regional Business Centre, Harts Farm Way, Havant, Hampshire PO9 1HR

For further assistance please call the Membership Team **023 9244 9449**