



MEMBERSHIP APPLICATION

BUSINESS DETAILS

Business Name (required).....

Business Type (required).....

Business Description (required).....

.....

Company Registration Number.....

V.A.T. Number:.....

Physical Address (required).....

Postal Address (required).....

Website URL.....

Business Phone Number (required).....

Years in Business (required).....

Number of Branches (required).....

Number of Employees

(required).....

CONTACT DETAILS: PRINCIPAL MEMBER

First Name (required).....

Last Name (required).....

Position (required).....

Duration (years) (required).....

Cell Number (required).....

Email Address (required).....

CONTACT DETAILS: ADDITIONAL MEMBER 1

First Name.....

Last Name.....

Position.....

Cell Number.....

Email Address.....

PAYMENT DETAILS

Payment Option

Who is responsible for the payment of accounts?

First Name.....

Last Name.....

Designation.....

Email.....

Phone Number.....

Cell Number.....

I accept the Terms and Conditions as set out in the constitution of the North
West Chamber of Commerce and Industry.

Signed on this.....day of.....20... at