

ASSOCIATED MEMBERSHIP APPLICATION

Date:	
Applicant's Name:	
Business Name:	
Business Address:	
Post Code:	
Business telephone:	
Business Fax:	
Home telephone:	
Mobile:	
Email:	
Describe your business:	
Sponsor's Name:	
Breakfast preference:	"Cooked" or "Fruit Salad" (please cross out the unwanted)

Joining Fee (FEES ARE NON-REFUNDABLE)	£ 25.00
<p>I agree to attend at least once a month, and that I will pay the monthly fee of £15.00 by SO. I understand that if someone of my profession would like to join Grapevine I will have 1st refusal to the full membership and that I will lose my associated membership should I decline the full membership.</p>	
Signed:	
Print Name:	Date: