

## MEMBERSHIP APPLICATION

<b>Date:</b>	
<b>Applicant's Name:</b>	
<b>Business Name:</b>	
<b>Business Address:</b>	
<b>Post Code:</b>	
<b>Business telephone:</b>	
<b>Business Fax:</b>	
<b>Home telephone:</b>	
<b>Mobile:</b>	
<b>Email:</b>	
<b>Describe your business:</b>	
<b>Sponsor's Name:</b>	

<b>Joining Fee</b> (FEES ARE NON-REFUNDABLE)	£ 50.00 .
<p>I agree to attend each week.          If I am unable to attend I agree to find a substitute who will speak on my behalf.          I understand that if I miss three meetings in any three months without sufficient reason, my professional space may be offered to another person.</p>	
<b>Signed:</b>	
<b>Print Name:</b>	<b>Date:</b>