

## MEMBERSHIP APPLICATION FORM

<b>Business Name</b>													
<b>Business Address</b>													
<b>Website</b>													
<b>Contact Details</b> <i>contact name, contact number(s), email &amp; position within company</i>	<i>Contact Name:</i> <i>Contact Number:</i> <i>Email Contact:</i> <i>Mobile Contact:</i>												
<b>To keep members up to date we send emails, text and e-zine – please tick YES if you wish to opt-in to this service. The Chamber does not share or sell your personal information</b>	<table style="width: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><i>Please send me emails from the Chamber</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><i>Please send texts from the Chamber</i></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><i>Please send e-zine from the Chamber</i></td> </tr> </table>	<b>YES</b>	<b>NO</b>		<input type="checkbox"/>	<input type="checkbox"/>	<i>Please send me emails from the Chamber</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please send texts from the Chamber</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Please send e-zine from the Chamber</i>
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<b>Business Information</b> <i>(brief description of your business &amp; service it provides)</i>													
<b>No. of Employees</b>													
<b>What are your main areas of interest in the Chamber?</b> <i>(e.g. Networking events, marketing opportunities, working group etc.)</i>													
<b>Are you a member of any other Networks/Business Associations?</b> <i>(if yes please name)</i>													

<b><i>I/We would like to apply to become a member of Skibbereen &amp; District Chamber of Commerce</i></b>	
Signed _____	Date _____

Membership can be paid annually or if more convenient, monthly by **Standing Order** through your bank to:

**SKIBBEREEN PARTNERSHIP** (Skibbereen & District Chamber of Commerce): **BIC: AIBKIE2D**  
**IBAN: IE09 AIBK 9363 7591 9810 52**

**Please use your business name as the reference**

<b>Membership Subscription Rates</b>			
<i>* If more than one business by same owner the rate will be based on the total number of employees</i>			
• 1-5 employees:	€20 per month	• 5-10 employees:	€25 per month
• 10-20 employees:	€30 per month	• 20 plus employees:	€45 per month

**Chamber Contact: Kate Callanan, Business Administrator – [chamber@skibbereen.ie](mailto:chamber@skibbereen.ie) or 086 2388300**

Completed forms can be emailed: [chamber@skibbereen.ie](mailto:chamber@skibbereen.ie) or posted: *Kate Callanan, Church Strand, Baltimore, Co Cork*