

## MEMBERSHIP APPLICATION FORM

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business \_\_\_\_\_ No. of Employees \_\_\_\_\_

Business Sector (please tick relevant sector)

- Industrial                       Retail/Distribution                       Transport                       Construction  
 Tourism/Hospitality                       Professional                       Services                       Financial

Category:	No of Employees:	Rate:
A – Micro Business	1-2	€110.00
B – Small Business	3-10	€160.00
C – Medium Business	11-50	€260.00
D – Large Business	50 +	Negotiable

**Invoice available on request please contact Chamber email: [info@westportireland.com](mailto:info@westportireland.com)**

**You can pay by electronic Transfer                      BIC AIBKIE2D                      IBAN IE23 AIBK 9371 6917 4691 80**

**Please use your business name followed by MEM as a reference**

**A receipt will be issued to the business email provided. If no email is provided we will post receipts on request**

Mandate if paying by standing order, please submit to your bank

To the manager of .....Bank	Please Pay.....monthly instalments
Street: .....	Commencing on the .....
Account No: .....	To Westport Chamber AIB Westport
Sort Code: .....	A/c no 17469-180                      Sort Code 93-71-69
And Quote ref                      Westport Chamber	Signed: .....

**\*\*\*\*\*Important\*\*\*\*\***

**Please sign HERE \_\_\_\_\_ DATE \_\_\_\_\_ To give the Westport Chamber permission to keep you on file and up to date with all relevant business news and events in accordance with GDPR guidelines.**