



**Steyning & District
Business Chamber**

**Application Form for Membership of Steyning
& District Business Chamber**

To the Committee:

Name of Business:				
Contact Name:				
Status: (ie Director, Partner, Manager, Principal)				
Address:				
Telephone/Fax Number:				
Mobile Number:				
Email:				
Website:				
How long established:				
Nature of Business:				
I/We would be interested in getting involved with the Chamber in an active role	Tick all that apply Committee Member <input type="checkbox"/> Event Organisation <input type="checkbox"/> Event Hosting <input type="checkbox"/> Fundraising <input type="checkbox"/> Other <input type="checkbox"/> Member to Member Offer <input type="checkbox"/>			
Signed:	Date:			
<p>Membership application are approved by the Elected Committee at monthly meetings. If you wish to pay by Standing Order or Bank Transfer your annual subscription can be collected from your bank after your application has been approved. Cheques to be made payable to 'Steyning Chamber' please.</p>				
Please delete and/or tick as applicable above	For Office Use Only			
	<table border="1"> <tr> <td>Approved at meeting of (date):</td> <td></td> </tr> <tr> <td>Signed:</td> <td></td> </tr> </table>	Approved at meeting of (date):		Signed:
Approved at meeting of (date):				
Signed:				

Please attach your business card, compliments slip, leaflet, promotional material, brochure etc, if possible, then post or deliver to: **Steyning Post Office, 44 High Street, Steyning, West Sussex BN44 3NA.**