Membership Application



Please complete this form and return it to the Chamber to start your Membership.

About your company	
Company name:	
Company address:	
Company address.	
Post/Zip code: T	el:
Website: F	ax:
Nature of business:	
Number of employees: A	
Main contacts Please enter the details of the person who should receive Membership in	formation about the Chamber.
Name:	
Job title:	
Email:	
Mobile:	
Additional contacts Chamber Membership means all of your staff can use our services. Plea should send invitations and information to (you can continue on a separate	
Email:	
Email:	
Email:	
Payment details	
☐ Annual Direct Debit (please see separate sheet for mandate)	
□ Annual invoice	Please sign and return this form to:
☐ Credit card (please call Finance Department on 01482 324976 to pay	David Hooper UK Chapter
We/I agree to be bound by the Memorandum and Articles of the Chambe	r. The British-Caribbean Chamber of Commerce 34/38 Beverley Road Hull
Signature:	HU3 1YE
Date:	Tel: 01482 324976
Please note: your Membership continues unless we are informed otherwi-	se. Fax: 01482 213962