



Membership Application Form

PLEASE COMPLETE IN BLOCK CAPS

Company Name: _____

Name of Member: _____

Company Address: _____

Phone Number: _____

Email Address: _____

Website Address: _____

Business Sector: _____

I understand that I shall not be deemed an official member until:

- (a) My application has been approved by the membership committee
- (b) My membership form has been returned duly signed and dated
- (c) I have paid my membership in full.

I hereby declare that I will adhere to the Networks Constitution and Membership Rules and confirm that I understand that breach of these rules could result in my membership being cancelled.

***Membership and annual subscriptions are now paid by standing order, month cost €30
please see attached form.***

Signature of Applicant:

Date:

Approved By:

Date:

Signature