

ORGANISATION DETAILS (Please use block capitals)

Company Name: _____

Address: _____

Post Code: _____ Tel: _____

Company Email: _____

Website: _____

Annual Turnover: £_____ No of Employees: _____

FINANCE MANAGER CONTACT DETAILS (if different)

Contact Name: _____

Contact Email: _____

MAIN MEMBERSHIP CONTACT DETAILS

Contact Name: _____

Position: _____

Contact Email: _____

SOCIAL MEDIA DETAILS:

Twitter: _____

LinkedIn: _____

Facebook: _____

HR MANAGER CONTACT DETAILS (if different)

Contact Name: _____

Contact Email: _____

NATURE OF BUSINESS: this information is used to describe your business – no more than 10 words please

Is your company a subsidiary? YES/NO If yes, name of parent company: _____

TYPE OF BUSINESS Sole Trader Partnership Limited Company Other: (please specify) _____

SECTOR: Please select the ONE sector which most applies to your business

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Accountancy &/or Finance | <input type="checkbox"/> Health & Safety | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Conference Facilities &/or |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Healthcare &/or Wellbeing | <input type="checkbox"/> Photography | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Architects &/or Surveyors | <input type="checkbox"/> HR Services &/or Recruitment | <input type="checkbox"/> Printing Services-Inc. CAD & Graphic Printing | <input type="checkbox"/> Education |
| <input type="checkbox"/> Art &/or Graphic Design | <input type="checkbox"/> I.T &/or Telecommunications | <input type="checkbox"/> Property Services &/or | <input type="checkbox"/> Electrical &/or Electronics |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Insurance | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Engineering - Inc. Civil |
| <input type="checkbox"/> Building &/or Construction | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Research & Development | <input type="checkbox"/> Environmental Services - Inc. |
| <input type="checkbox"/> Business Support Services | <input type="checkbox"/> Logistics, Freight &/or | <input type="checkbox"/> Retail | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Charitable Organisations | <input type="checkbox"/> Distribution | <input type="checkbox"/> Security Services | <input type="checkbox"/> Event Organisers Press, |
| <input type="checkbox"/> Chemical Products Export &/or Import Services | <input type="checkbox"/> Machinery | <input type="checkbox"/> Social Enterprise | <input type="checkbox"/> Media &/or PR |
| <input type="checkbox"/> Food &/or Drink | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Training &/or Apprenticeships | <input type="checkbox"/> Utilities - Energy, Gas &/or Water |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing &/or Research | <input type="checkbox"/> Council &/or Community | |
| <input type="checkbox"/> Health, Beauty &/or Fitness | <input type="checkbox"/> Multimedia &/or Website | | |
| | <input type="checkbox"/> Office Supplies | | |

Keywords (maximum of 20 to be used in the online member directory by other members to search for the products or services you offer):

EXPORT OPPORTUNITIES: Are you:

- None Exporter Potential Exporter Active Exporter

REASONS FOR JOINING:

- Networking Chamber discounts/services Business information/advice Policy/representation
 Increase organisation profile Export documentation International Trade advice

MEMBERSHIP DETAILS:

- Startup (2 yr discount) Charity Standard Strategic Alliance

Subscription (ex VAT) £ _____ VAT: £ _____ Total (inc. VAT) £ _____

LOCAL COUNCIL:

- Walsall Wolverhampton Sandwell Dudley Other

MEMBERSHIP DECLARATION:

I have completed this form to the best of my knowledge and confirm that the information supplied is accurate at the date of completion. I accept that the Chamber may undertake a credit reference in respect to this application. Black Country Chamber of Commerce complies with the requirements of the 1998 Data Protection Act.

I agree that the information given by me can be used in the ways set out in the Membership Terms and Conditions. I will contact the Database Administrator in writing if I do not wish to receive communications (eg mail shots, faxes or emails) or have my data collected by the Chamber.

The minimum membership period is 12 months. In accordance with Article 9 of the Chamber's Articles of Association, a member must give 3 months' notice of termination prior to their renewal subscription date.

NAME: _____

POSITION: _____

SIGNATURE: _____

DATE: _____

Your data will be published in the online member directory and in the new members list on the Chamber website. If you do not wish to appear in either of the lists, please tick this box.

OFFICE USE ONLY – UPDATE ON CRM

RECRUITED BY: _____

ACCOUNT MANAGER: _____

SOURCE: _____

CRM CHECKED (RECRUITER):

INITIALS: _____

PAYMENT RECEIVED: (RECRUITER)

INITIALS: _____

WELCOME PACK TO INCLUDE THE FOLLOWING FLYERS:

CONSTRUCTION EVENTS MANUFACTURING LINKS STARTUP OFFERS EXPORT DOCS

ADMINISTRATION:

CRM CHECKED (ADMINISTRATOR):

INITIALS: _____

PAYMENT CHECKED (ADMINISTRATOR):

INITIALS: _____

WELCOME PACK SENT (ADMINISTRATOR):

INITIALS: _____