

MEMBERSHIP APPLICATION

| Contact name: | | _ | |
|------------------------|---|---|--|
| Position in Busin | ess: | | |
| <u>B</u> usiness name_ | | _ | |
| Business address | s: | | |
| | | | |
| Post Code: | | _ | |
| Email: | | | |
| Tel: | | | |
| Type of Business | :: | | |
| | Event Organiser | | |
| | Supplier | | |
| | Local Authority | | |
| | Student | | |
| Please give a brid | ef description of your business/organisation: | | |
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| - | | | |
| · | | | |
| - | | | |
| How many years | has the business been trading? | | |

| b. | 6-10 | |
|--------------|---|--------------|
| c. | 11-20 | |
| d. | 21-30 | |
| e. | 31-40 | |
| f. | 41-50 | |
| g. | 50+ | |
| Does your | business support and follow the guidance in the Purple Guide? | |
| | applying for Supplier membership, please give details of what your business supp vents industry? | olies to the |
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| | | |
| Signed: | | |
| | | |
| <u>Date:</u> | | |
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| | | |

How many people does the business employ?

a. 1-5