

## MEMBERSHIP APPLICATION FORM

Liverpool Chamber of Commerce C.I.C. | Sefton Chamber of Commerce  
c/o Number One, Old Hall Street, Liverpool, L3 9HG  
Tel. 0151 227 1234 Fax: 0151 236 0121 email: membership@liverpoolchamber.org.uk

### Organisation details

<b>Business Name:</b>		<b>Principal Contact:</b>	
<b>Address:</b>		<b>Job Title:</b>	
		<b>Email:</b>	
<b>Postcode:</b>		<b>Tel:</b>	
<b>Business tel:</b>		<b>Mobile:</b>	
<b>Website:</b>		<b>Twitter:</b>	
<b>Business email:</b>		<b>Owner / MD / CEO:</b>	
<b>Sector:</b>		<b>Email:</b>	
<b>No. of employees</b>		<b>Your business name will appear in the register of members</b>	

### Key employees who can benefit from your company's membership

We recommend a senior executive as well as a marketing, HR and Business Development / sales representative.

<b>Name:</b>		<b>Name:</b>	
<b>Job Title:</b>		<b>Job Title:</b>	
<b>Email:</b>		<b>Email:</b>	

### Key business objectives for Chamber membership

Attract new customers	Recruit skilled staff	Grow business into new overseas markets
Develop existing staff skills	Access investment finance or grants	Contribute to lobbying/policy activity
Network with high level people	Access public sector contracts	To mentor a start up business

### Our business is particularly interested in issues concerning:

International Trade/Export	Skills	Energy & Environment	Manufacturing
HR & Legal issues	Construction	Transport	Creative/Digital
Retail	Corporate Social Responsibility	Business Finance	Other

### If the Chamber could do one thing for your business as a member, what would it be?

--

### Please select your chosen membership package (please circle)

<b>Membership</b>	£360+VAT	<b>Membership+</b>	£600+VAT	<b>Strategic Partner</b>	£2500 +VAT	<b>Charity Membership</b>	£275+VAT
-------------------	----------	--------------------	----------	--------------------------	---------------	---------------------------	----------

### Please select your payment method (please tick):

Direct Debit	Cheque (payable to Liverpool Chamber of Commerce CIC)	Credit Card (complete below)
--------------	---	------------------------------

### I agree to the terms & conditions of membership (see overleaf):

### Credit Card Payment Details:

Name on Card					Card Number																
3-digit security code				Issue No			Expiry Date			/			Start Date			/					
<b>Signature on Card</b>																					

Please note: credit card details will be shredded once entered into the Chamber's payment system