



MEMBERSHIP APPLICATION FORM

Company Name _____ Contact Name _____

Address _____

Tel No: _____

Mobile: _____

Website: _____

Email: _____

Type of Business _____

No. of Employees: _____

Business Sector (please tick relevant sector)

- Industrial Retail/Distribution Transport Construction
 Tourism/Hospitality Professional Services Financial

Be part of a network by joining the Chamber from as little as .27 cent per day

Category:	No of Employees:	Rate:
A – Micro Business	1-2	€100.00
B – Small Business	3-10	€150.00
C – Medium Business	11-50	€240.00
D – Large Business	50 +	Negotiable

Invoice available on request please contact Chamber email: info@westportireland.com

You can pay by electronic Transfer BIC AIBKIE2D IBAN IE23 AIBK 9371 6917 4691 80

Please use your business name followed by MEM as a reference

A receipt will be issued to the business email provided. If no email is provided we will post receipts on request

Mandate if paying by standing order, please submit to your bank

To the manager ofBank	Please Pay.....monthly instalments
Address:	Commencing on the
Account No:	To Westport Chamber AIB Westport
Sort Code:	A/c no 17469-180 Sort Code 93-71-69
Reference: MEM.....	Signed:

*****VERY IMPORTANT*****

Please Sign **HERE** _____ **Date:** _____ to give the Westport Chamber permission to keep you on file and up to date with all relative business news and events in accordance with GDPR guidelines.