

# Caithness Chamber of Commerce

## Membership Application Form 2011/12

I/we wish to join the Caithness Chamber of Commerce as a:

*Please tick appropriate box*

Affiliate Member

Business Member

Premier Partner (Bronze / Silver / Gold)



Business Name:

Contact Name: Mr/Mrs/Ms Forename:

Surname:

Tel No:

Fax No:

Business Address:

Post Town:

Post Code:

Website Address: www.

Email:

Business Type:

No. of Employees:

Payment (*please tick appropriate box*)

By cheque, made out to Caithness Chamber of Commerce, attached to this form

By BACS to account of Caithness Chamber of Commerce (Account No.00277089 -

Sort Code 83-27-23 - Royal Bank of Scotland, 11 Orlig Street, Thurso, KW14 7BL)

Signed:

Date:

***Please return completed form to Caithness Chamber of Commerce***

***66 Princes Street, Thurso, KW14 7DH***