



MEMBERSHIP APPLICATION FORM

Company Name: _____

Address: _____

Tel No: _____ Fax No: _____

E-mail Address: _____ Website: _____

Type of Business:

Limited Company Sole Trader Charity Other (please specify) _____

Company registration Number (if applicable) _____

No. of Employees: _____

Business Sector: _____

Membership Sector:

SME Corporate Retail & Hospitality

How did you hear about Limerick Chamber? _____

Primary Contact Name: _____ Job Title: _____

Email: _____

Employees (including Owner/ Managing Director):

Name	Job Title	Email

Please be advised that your above details will be listed on our Membership Database which will be available to other Member Companies. We do not circulate individual email addresses.

Signatory: _____ Date: _____

Remittance of € _____ enclosed