



Limerick Chamber
Advancing business together



Membership Application Form



Company Name :

Address 1 : Address 2 :

Suburb/Locality : Town/County :

Postal Code : Telephone No. :

Website : E-mail Address :

No of Employees :

Type of Business : Limited Company Sole Trader Charity Other, please specify

Company Registration No. (if applicable) :

Business Sector :

Membership Sector : SME Corporate Retail & Hospitality

How did you hear about Limerick Chamber? :

Primary Contact Name : Job Title :

E-Mail :

Employees (Including Owner & Managing Director):

Name	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.

Signed : Date :