



**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 :  Chairty Partner  Start Up  Micro  SME  Business  Corporate  Strategic Partner

How did you hear about Limerick Chamber? :

Primary Contact Name :  Job Title :

E-Mail :

Employees (Including Owner & Managing Director): Note you can add as many reps as you wish from your company- ensuring all are updated

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 :