

Membership Application

Membership type:

Board Member

(Please fill out both section A and B)

Company Member

(Please fill out section A)

Section A - Personal Information

Name

Company

Position

Address

Postcode

Telephone

Email

Company Website

Social Media

Signature

Date

Section B - Board membership

Please tell us your reasons for wanting to join the board?

[Large empty rectangular area for text input]

What skills and experience can you bring to the board?

[Large empty rectangular area for text input]

Seconder (membership must be supported by a BID levy payer)

Name	<input type="text"/>
Company	<input type="text"/>
Position	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>

Signature	<input type="text"/>	Date	<input type="text"/>
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OFFICE USE ONLY

Nomination approved	<input type="checkbox"/> Yes	If no, please give reason(s)	<input type="text"/>
	<input type="checkbox"/> No		
Date	<input type="text"/>	Signature:	<input type="text"/>
		Signature:	<input type="text"/>