

ALDERNEY CHAMBER OF COMMERCE



*P.O. Box 74
Alderney GY9 3BZ
Channel Islands*



MEMBERSHIP APPLICATION

I/We wish to apply for Membership of the Alderney Chamber of Commerce

Name of Firm or Company: _____

Address: _____
_____ **Alderney, GY9 3** _____

Tel: _____ **Fax:** _____

e-mail: _____ **Web Site:** _____

Nature of business: _____

Number of employees: _____ **Number of Apprentices/Trainees:** _____

Nominated Representative: _____

I/We enclose the sum of £25 being the subscription due for the year 20 _____

Date: _____ **Signature** _____

FOR OFFICIAL USE ONLY

Date application received: _____ Date and amount received: _____

Date application considered: _____ Date application approved: _____

Date applicant informed _____