

Where did you hear about the Chamber of Commerce? (Please tick one)				
Website	Referral (please detail)	Event (please detail)	Local Media (please detail)	Other (please detail)

Trading Name of Business:	
Registered Name of Business (if different from Trading Name):	
Company Registration Number:	Year Established:

Business Address:	
Postcode:	
Telephone:	Fax:
Email:	Website:

Principal Contact Name: <i>(to receive Chamber mailings)</i>	Job Title:
Contact Address (if different from above):	Direct Dial:
	Mobile:
	Email:
	Preferred Method of Contact:

Number of Employees (at this Address):	Is this Location the Company Head Office? Yes/No
Total Number of Employees (in Business):	Parent Company Name (if applicable):

Nature of Business:	Brand/Trademark:
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International Trade:	Import (please circle)	Export (please circle)
Yes No Plan to in future	Yes No Plan to in future	Yes No Plan to in future

Membership Subscription:	
(please refer to the Membership Subscription Rates to complete this section)	Membership Banding: Subscription Rate: £ inc. VAT
Preferred Method of Payment:	<input type="checkbox"/> Cheque: Please make cheques payable to P&SEHCCI <input type="checkbox"/> Credit Card: Chamber will make contact <input type="checkbox"/> Invoice: Please email/post to: <input type="checkbox"/> Direct Debit: Chamber will send mandate for completion.
<p><i>Membership subscriptions are due on the 1st of the month in which you join, for a period of 12 months. Early termination of membership will not normally result in a refund of subscription.</i></p>	

Please provide us with up to **40 words** describing your business products and services (not including name and address details):
This description will be used as your new members' introduction on our website and monthly publication.

Your right to privacy: We take your privacy seriously. The personal data we hold is strictly controlled under the terms of our Privacy Policy. This policy conforms to the Data Protection Act 1998 and is available from the Hampshire Chamber of Commerce Quality Manager.

Please indicate whether these additional contacts are to receive email updates from the Chamber of Commerce.



yes, please send email updates to this address



please do not send email updates to this address



Additional Contacts: (please indicate who in your business is responsible for the following functions):

Job Title	Contact Name	Direct Phone	Email
Managing Director / Chief Executive			
Invoicing contact			
Import / Export			
Marketing / PR			
HR / Training			

I/We agree to be bound by the memorandum & articles of association of Hampshire Chambers of Commerce.

Signed

Date: / /

Print Name:

Position: