

North Shields Chamber of Trade & Commerce

1-2, Nile Street, North Shields, NE29 0BE



MEMBERSHIP APPLICATION FORM

I/We apply for membership of North Shields Chamber of Trade and Commerce.

| | | |
|---------------------------|--|-------------------|
| Business Name | | |
| Business Address | Postcode: | No. of Employees: |
| Business Type: | Contact Name | |
| Telephone Number: | Fax Number: | |
| email address (if any) | Correspondence Address (if different from above) | |
| web site address (if any) | www. | |
| | | Postcode: |

I/We understand the subscription is payable on 1st April each year.

| | | |
|--------------|------------|--|
| Signed | Date | Subscription may be paid by cheque although payment by Standing Order would be preferred to assist us with administration. |
| Print Name | Position: | |

Promoting the trading and commercial interests in North Shields and its immediate neighbourhood

Please make sure that details in all of the yellow shaded areas have been completed.

Please return both parts of this form to above address

| | | | |
|----------|------|-------------|-------------------------------|
| To | Bank | (Your Bank) | STANDING ORDER MANDATE |
|----------|------|-------------|-------------------------------|

| | |
|----------------------|-----------------------|
| Postal Address | (Your Bank's Address) |
|----------------------|-----------------------|

| | | | |
|------------|-------------------|----------------------|---------------------|
| Please pay | Bank | Branch | Sorting Code Number |
| | LLOYDS TSB | NORTH SHIELDS | 30 - 96 - 15 |

| | | | |
|-------------------|--|----------------|---|
| For the Credit of | Beneficiary's Name | Account Number | Quote Reference (Name of your Business) |
| | North Shields Chamber of Trade and Commerce | 0120065 | |

First payment please enter: For application in May £45 / Jun £40 / July £35 / Aug £35 / Sept £30 / Oct £25 / Nov £20 / Dec £15 / Jan £10 / Feb £5 / Mar £5

| | | |
|------------|----------------------------|-----------------|
| The Sum of | First Amount | Amount in Words |
| | £ : to be paid immediately | |

| | | |
|---------------------|---------------------|---|
| then annually on | 1st April each year | Please debit my account accordingly until further notice in writing |
| 1st April each year | £ 50 : 00 | This mandate cancels any previous standing orders or direct debiting mandates in favour of North Shields Chamber of Trade and Commerce. |

| | |
|--------------------------|--------------------|
| Your Company Name | Signature(s) |
| Your Bank's Sort Code | |
| Your Bank Account Number | Date |

Banks may decline to accept instructions to charge Standing Orders to certain types of account other than Current Accounts.

- Note: The Bank will not undertake to
- make any reference to Value Added Tax or pay a stated sum plus VAT, or other indeterminate element.
 - advise remitter's address to beneficiary.
 - advise beneficiary of inability to pay.
 - request beneficiary's banker to advise beneficiary of receipt.
 - accept instructions to pay as soon after the specified date as there are funds to meet the payment, if funds are not available on the specified date.

