



New Ross & District Chamber

MEMBERSHIP APPLICATION

Advancing business together

To ensure we can provide you with the best possible service please complete all sections of this membership application form and return to: New Ross & District Chamber Office,
No 36 The Rising Tide Business Centre, South Street, New Ross, Co Wexford Y34 NY57

PLEASE FILL IN BLOCK CAPITALS

Business/Organisation Name:	
Trading as:	
Business Owner Name:	
Business Email:	
Chamber Contact Person:	
Role within Business/Organisation	
Chamber Contact Email:	
Contact Telephone / Mobile:	
Business Address:	
Website:	
Accounts Contact(<i>optional</i>)	
Please describe your business/organisation: i.e. business activity, products & services	
Business type: <i>Tick appropriate</i>	<i>Sole Trader() Partnership() Limited Company() Franchise() Community Group() Voluntary Organisation() Other please specify:</i>
Number of Employees:	Full Time: Part Time:

If you have any queries regarding this membership application form please contact:

Ph. 051 425077 or email admin@newrosschamber.ie



Is the business/organisation a member of any professional associations? *If yes, please give details:*

Do you use social media tools to promote your business/organisation? If so, please specify:

Twitter:

Facebook:

Instagram:

What are your reasons for joining New Ross & District Chamber? [tick where appropriate]

Networking Events [] Seminars/Training Workshops [] Lobbying Support []

Access to news & events []

Other:

To ensure your staff are kept up to date with our news and events please list employee contact details below for inclusion on our email database:

Name :	Role within the Business or Organisation:	Email:

DATA PROTECTION:

It is Chamber policy not to pass on any details provided here to any third parties. To view our data protection policy please visit www.newrosschamber.ie/privacy-policy/

What type of industry sector news is of most importance to your business?

[Please tick where appropriate]

- | | | |
|---|--|--|
| Business Assistance <input type="checkbox"/> | Financial Services <input type="checkbox"/> | Marketing <input type="checkbox"/> |
| Conferencing <input type="checkbox"/> | Government Body <input type="checkbox"/> | Retail <input type="checkbox"/> |
| Continuing Education <input type="checkbox"/> | Human Resources <input type="checkbox"/> | Tourism <input type="checkbox"/> |
| Environmental <input type="checkbox"/> | IT/Telecommunications <input type="checkbox"/> | Trade Association <input type="checkbox"/> |

Other please specify:



MEMBERSHIP FEES:

Membership is an annual subscription

Category	No. of Employees	Rate	Per Quarter	10 Monthly Instalments
A1 Voluntary/Non Business	0	75.00	18.75	7.50
A2 Sole Trader	0	90.00	22.50	9.00
A	1 - 10	140.00	35.00	14.00
B	11 - 25	275.00	68.75	27.50
C	26 - 50	415.00	103.75	41.50
D	51 - 100	550.00	137.50	55.00
E	100 +	690.00	172.50	69.00

Payment Options:

I would like to pay my membership by [tick appropriate]

Cheque Enclosed: Standing Order: Electronic Transfer:

Electronic Transfer to:

AIB Bank, 57/58 South Street,
New Ross.

Account Name:

New Ross Chamber of Commerce
IBAN: IE43 AIBK 9334 3015 2090 36
BIC: AIBKIE2D

Standing Order payment options attached.

Name of Applicant:

Signature:

Date:

Note: Membership is subject to ratification by the Board of Directors of New Ross Chamber of Commerce Inc. T/A New Ross & District Chamber

Please attach a short profile of your business and your logo in high resolution jpg to be included on our online Business Directory



Request for a Standing Order

To:	
Bank name:	
Bank Address:	

You are authorised to set up a Standing Order on my/our account as specified below. My/our account will at all times contain sufficient funds to enable each payment to be transferred on the due date.

My name:	
My address:	
My email:	
My contact number:	

Please charge my account

Account name:	
IBAN:	

And pay to:

Account name:	New Ross & District Chamber of Commerce
Bank:	AIB Bank
Branch:	58 South Street New Ross
IBAN	IE43 AIBK 9334 3015 2090 36

The amount of: Euros

Per Quarter / 10 Months

[Payments will be deducted on the last Friday of payment period selected]

Commencing with first payment on: _____
[dd/mm/yyyy]

Signature:

Company Stamp Here

Date:

<p>Please return by email to: admin@newrosschamber.ie By post to: New Ross & District Chamber Office, No 36 The Rising Tide Business Centre South Street New Ross Co Wexford Y34 NY57</p>
