

# **Application to join the Sheringham Chamber of Trade and Commerce.**

Name of Business

-----

Nature of Business

-----

Names of Directors/Partners/Sole Trader

-----

Address of Business

-----

-----

-----

Telephone Number

-----

Mobile Number

-----

Fax

-----

E – Mail

-----

Number of Employees

[Excluding owners]

-----

I / WE ENCLOSE OUR ANNUAL SUBSCRIPTION OF £25 AND  
WOULD / WOULD NOT LIKE A RECEIPT

SIGNED

-----

DATE:

PLEASE RETURN FORM TO

Mr A. BULLEN, 9 SUFFOLK ROAD, SHERINGHAM, NORFOLK,  
NR26 8HL .....TEL 01263822642 IF YOU HAVE ANY QUERIES

Please make cheques payable to “Sheringham Chamber of Trade &  
Commerce”