

Membership Application Form

Applicants Name _____

Company Name _____

Date _____

Address _____

Telephone _____

Mobile _____

Main E-mail Contact _____

E-mail for finance _____

Email for Marketing _____

Website _____

No. of Employees _____

Type of Business _____

Membership Category and Membership:

- | | | |
|--------------------------|---|--------|
| <input type="checkbox"/> | A. Societies, Community Groups, Personal | €100 |
| <input type="checkbox"/> | B. Start Up - Micro Enterprises (1-10 employees) | €200 |
| <input type="checkbox"/> | C. Small Enterprises (10-50 employees) | €300 |
| <input type="checkbox"/> | D. Medium Sized Enterprises (50-250 employees) | €600 |
| <input type="checkbox"/> | E. Large Enterprises (Greater than 250 employees) | €1,200 |
| <input type="checkbox"/> | F. Financial Institutions | €600 |

Date: _____

Signature: _____

Please note your application may take 3 to 4 weeks to approve, once approved we will follow up with you requesting your company logo, company bio and payment method.