



MARTINBOROUGH  
BUSINESS  
ASSOCIATION

## MARTINBOROUGH BUSINESS ASSOCIATION JOINING FORM

Yes, I'd like to join. My details are:

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address : \_\_\_\_\_

Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you happy to be contacted by email and to receive information from outside organizations from time to time? We do NOT give out our members' addresses by do occasionally pass on information which fits in with our objectives. Yes/No (circle one)

\_\_\_\_\_  
(signed)

\_\_\_\_\_  
(date)