

MEMBERSHIP APPLICATION FORM

Your Name	
Business Name	
Company Address	
Landline Telephone Number	
Mobile Number	
Email	
Website Address	

Primary Business Category Requested	
Secondary Business Category Requested	

How many years have you been with this business?	
What is your position within the business?	
Please detail your own Professional Qualifications in relation to the business category required, if applicable	

How did you hear about BTR membership? [for BTR marketing purposes]	
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What is the main reason you want to join BTR and what are you hoping to get out of the networking group?	
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Please return the form by email to the Membership co-ordinator, Lou Fletcher - lou@piccoloproperty.co.uk

Following your application, members will be asked to approve your membership to ensure there will be no business conflicts.

Following approval, you will be asked to submit a current photo and brief resume of yourself.