

## MEMBERSHIP APPLICATION FORM

### PERSONAL DETAILS

NAME	
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Business Name	
Company Address	
Address Line 1	
Address Line 2	
Address Line 3	
County	
Postcode	

Telephone Number (inc Area Code)	
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?	

### OTHER INFORMATION

Please supply details of any other networking group you are a member of.	
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### PROFESSIONAL QUALIFICATIONS/MEMBERSHIP TO PROFESSIONAL BODIES

Please detail your own <u>Professional Qualifications</u> in relation to the business category required	
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Contact Details for all Professional Bodies of which you are a member (in relation to the business category required)	
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**PLEASE SUPPLY DETAILS OF 2 BUSINESS REFERENCES THAT HAVE USED YOUR SERVICES IN THE BUSINESS CATEGORY ABOVE IN THE LAST 6 MONTHS**

**Reference 1**

Contact Name	
Company Address	

Email Address	
Telephone Number	

Brief Details of Work Carried Out:
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**Reference 2**

Contact Name	
Company Address	

Email Address	
Telephone Number	

Brief Details of Work Carried Out:
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**WHAT DO YOU THINK YOU CAN OFFER BTR TO BE A REAL CONTRIBUTOR?**

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**Please return the completed form to the BTR Membership Co-ordinator.**

Once we receive this form fully completed, your references will be followed up. Members will then be asked whether there is any due cause why they would not support the application.

If the above is successful, there follows a 2-month induction period where we aim to help you understand how to get the most business from BTR and vice versa by going through the key areas of BTR. During this time, you will also be expected to build relationships with other members through 1:1s and to start inviting other visitors.