

# Dover District Chamber of Commerce

- Helping your business prosper
- Networking & Information
- Services & Advice



## Application For Membership

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

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

Email(s): \_\_\_\_\_

Main contact: \_\_\_\_\_ Position: \_\_\_\_\_

Second contact: \_\_\_\_\_ Position: \_\_\_\_\_

Number of employees full-time: \_\_\_\_\_ Busiest month? \_\_\_\_\_

Annual Turnover: \_\_\_\_\_ Do you export? Yes / No

Year established: \_\_\_\_\_ Trading status (e.g. Ltd Co, plc, Sole trader): \_\_\_\_\_

Main Trading activity: \_\_\_\_\_

Main area of interest: (✓)

- |                   |                          |                             |                          |
|-------------------|--------------------------|-----------------------------|--------------------------|
| • Cost savings    | <input type="checkbox"/> | • Information/business news | <input type="checkbox"/> |
| • Networking      | <input type="checkbox"/> | • Representation            | <input type="checkbox"/> |
| • Business advice | <input type="checkbox"/> | • Training & seminars       | <input type="checkbox"/> |

I apply for membership of the Dover District Chamber of Commerce (DDCoC). If elected, I undertake to conform to the rules and conditions of the Memorandum and Articles of Association of DDCoC.

By signing this application form, I indicate my consent to receiving email messages from DDCoC, their members, partners and associates and to allowing DDCoC to store my details on a database and pass them to members, partners and associates.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DDCoC Application Form 2019

## Dover District Chamber of Commerce

President: Charlie Elphicke MP, Chairman: Dr Bill Moses MBE, Chief Executive: David Foley  
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