

# Application for Supplier Membership

Company

Address

Contact name

phone

fax

email

mobile

web site

home phone

*Tick the box if you do NOT want to have  
these numbers printed in the  
Register*

Description of the products or services provided

Reference 1: Name & address/email

Reference 2: Name & address/email

Reference 3: Name & address/email

Number of staff involved in the above work Full time

Part time

Date

signature: .....

Please return to: