

# APPLICATION FORM

OPT-IN VOLUNTARY MEMBERSHIP

COMPANY NAME: \_\_\_\_\_

STATUS (e.g. sole trader, Ltd company, charitable, etc.): \_\_\_\_\_

NAME OF DESIGNATED PERSON: \_\_\_\_\_

CAPACITY THAT YOU ARE SIGNING IN (e.g. Director, Manager, Owner): \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEL: \_\_\_\_\_

BUSINESS POSTAL ADDRESS: \_\_\_\_\_

PLEASE SIGN THE FOLLOWING STATEMENT:

On behalf of my business / organization, I wish to apply to become an opt-in voluntary member of Bute Bid.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I will pay \_\_\_\_\_ on an annual basis (see letter of invitation for the scale of levy payments)

Please return your application to the address below.

If paying by BACS, please use the following details: A/c Name: Isle of Bute Business Improvement, Sort code: 80-22-60, A/c. No.: 19885769, Bute Bid as the reference.