

**HALESWORTH BUSINESS CONNECTIONS
MEMBERSHIP APPLICATION FORM**

BUSINESS NAME _____

CONTACT NAME _____

POSITION _____

TYPE OF BUSINESS _____

ADDRESS _____

POST CODE _____

TEL _____ *MOBILE* _____

FAX _____

EMAIL _____

WEBSITE _____

SIGNATURE _____ *DATE* _____

SUBSCRIPTION FOR YEAR TO 31 MARCH 2012 £20

Business membership £25 for the year, reducing by £5 each quarter in the first year of membership.

“Not for Profit” and retired membership pay £12 reducing by £3 each quarter.

Please make cheques payable to Halesworth Business Connections.

Please return this form and payment to:

Sally Salmon, Membership Secretary

C/o Norton Peskett Solicitors

52 Thoroughfare, Halesworth, Suffolk, IP19 8AR Tel 01986 872513

Email: s-salmon@nortonpeskett.co.uk

**HALESWORTH BUSINESS CONNECTIONS
RECEIPT**

Received with thanks the sum of £ _____ from _____
as subscription for the year to 31 March 2012

Signed _____ Date _____