



Membership Application Form

Company Name: _____
 Address: _____
 Tel. No.: _____ Fax No.: _____ Website: _____
 Business Sector/Activity: _____ Do you Export: _____
 Name of Applicant: _____ Title: _____ No. of Employees: _____

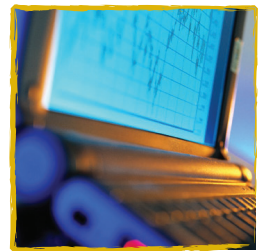
Magazine Road
 Athlone,
 Co. Westmeath.
 Tel: 090 6498838
 Fax: 090 6490264

Email: athcci@iol.ie
 www.athlonechamber.ie

Management Contact:

Please list the names of the Management Personnel (as appropriate) from your company who will be included on our Chamber information Mailing list as nominee Chamber members on behalf of your company:

Name/ Title:	Email:
Name/ Title:	Email:
Name/ Title:	Email:
Name/ Title:	Email:



Membership Database Information:

Please select from one of the following sectors the category which best describe your business:

- Manufacturing/education & training Commercial & Professional Services
 Tourism Retail



Annual Subscription Rate from January '08

Please tick your category

Membership Category	Total (€)	✓
Individual	175	
Small Enterprises	275	
Medium Enterprise	375	
Corporate	475	
Large Corporate	650	
Start up (first year only)	125	



For Office Use Only

Payment Received: _____
 Member No.: _____
 Database Update: _____
 Nominee Update: _____
 Letter Sent: _____
 Branch: _____
 Liaison: _____

Please forward company brochures or relevant data that we may retain on file. Please note it is chamber policy not to pass on personal emails, or details to any third party

Please return a copy of this form, enclosing payment, to:
 Athlone Chamber of Commerce
 Magazine Road
 Athlone

