



Membership Application

Name of Business:			
Business Address:			Postcode:
Contact Address if different:			Postcode:
Business Owner/Contact name:		Contact Phone Number:	Tel:
			Mob:
Contact email:		Website Address:	
Nature of Business:			
“Sector” you consider you trade in: please “tick”	Manufacturing / distribution	<input type="checkbox"/>	Leisure / Tourism
	Business & Technical Services	<input type="checkbox"/>	Personal Services
	Construction & Trades	<input type="checkbox"/>	Farming / agriculture
	Transport	<input type="checkbox"/>	Quarrying
	Retail	<input type="checkbox"/>	Other – please specify
Would you be willing to offer any “benefits” to fellow LBA members and /or their employees. Eg. Discounts, occasional offers etc.			

Annual Subscription - Standing Order Mandate

Your Bank's Name:								
Your Bank's address:								
Name of Account:								
Your Bank's Sort Code:								
Your Account Number:								
<u>Beneficiary Bank Account</u>								
Name of Account	Linlithgow Business Association							
Bank Sort Code	8	0	-	1	7	-	3	7
Account Number	0	6	0	0	6	8	0	4
Payment Details:								
Amount:	£25.00	Quoting:	LBA / /					
Frequency: Annual	Start Date:	/	/	And Annually from this date until further notice – please tick				

Authorisation	Signature		Date	
	Signature		Date	

Please forward the completed form to: The Secretary, Linlithgow Business Association; email: admin@loopconnect.net