



MEMBERSHIP APPLICATION FORM SOLE TRADERS/DRINK MANUFACTURERS

Please submit my name to the:

Eastern / London / Midland/ Northern / Western / Irish / International

Section for election as an **Associate Member** of the BFBi

*If elected I/We undertake to abide by the Rules and Bylaws and Code of Conduct YES/NO
(please delete as applicable)*

PURCHASE ORDER NO. _____

Applicant Name _____

Job Title _____

Company Details _____

_____ Post Code _____

Tel No: _____ Fax No: _____

Email Address _____

Web site _____

VAT Number _____

Brief Description of Business _____

No. of Years Trading _____ No. of Employees _____

Please state if a member of a group of companies and if so,
the name of the Parent Group or Company _____

Mailing Address if different to above _____

Contact Tel No: _____ Mobile _____

Signature _____ Job Title _____

Print Name _____

The Annual Subscription is **£230.00 + VAT.**

Office use only:- Commencement date ____/____/____