



Lead, Connect, Innovate,
JOIN

Membership
Application

Please fill in the form below and return with payment fee to:
Clonmel Chamber, 8 Sarsfield Street, Clonmel, Co. Tipperary.

Member Information

Company Name:

Physical Address:

Mailing Address:

Tel:

Fax:

Email Address:

Website Address:

Business Category: *(if none given, one will be assigned)*

No. of Full-Time Employees:

No. of Part-Time Employees:

Primary Reason for investing in the Chamber:

How did you learn about Clonmel Chamber?

Primary Contact

Title:

First Name:

Last Name:

Job Title:

Address: (if different to previous address given)

Tel:

Fax:

Email:

Secondary Contact

Title:

First Name:

Last Name:

Job Title:

Address: (if different to previous address given)

Tel:

Fax:

Email:

Payment Details

Payment Type (please tick relevant box)

Visa Mastercard Laser Cheque Cash

Name of Cardholder:

Credit/Debit Card No:

Expiry Date:

CCV No: (last 3 digits on back of credit card)

Billing Address: (if different to previous address given)

Refer a Friend: