



Membership Application Form

Please send back to

BAEC, 1st Floor East Suit, Salts Mill Road, Shipley BD17 7TD

T: 01274 028689 E: admin@b-aec.com W: www.b-aec.com

Your company: Required information to process your membership		Broad sector: Select one	
Company name: <input type="text"/>		<input type="checkbox"/> Agriculture <input type="checkbox"/> Government <input type="checkbox"/> Apparel <input type="checkbox"/> Healthcare <input type="checkbox"/> Banking <input type="checkbox"/> Hospitality <input type="checkbox"/> Biotechnology <input type="checkbox"/> Insurance <input type="checkbox"/> Chemicals <input type="checkbox"/> Machinery <input type="checkbox"/> Communications <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Media <input type="checkbox"/> Consulting <input type="checkbox"/> Not for profit <input type="checkbox"/> Education <input type="checkbox"/> Other <input type="checkbox"/> Electronics <input type="checkbox"/> Recreation <input type="checkbox"/> Energy <input type="checkbox"/> Wholesale and retail <input type="checkbox"/> Engineering <input type="checkbox"/> Shipping <input type="checkbox"/> Entertainment <input type="checkbox"/> Technology <input type="checkbox"/> Environmental <input type="checkbox"/> Telecommunications <input type="checkbox"/> Finance <input type="checkbox"/> Transportation <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Utilities	
Address: <input type="text"/>		Do you trade internationally? <input type="checkbox"/> Yes - Import <input type="checkbox"/> Yes - Export	
Town/City: <input type="text"/>	Postcode: <input type="text"/>	Data protection If you do not wish your company's details to appear in the directory, please tick: <input type="checkbox"/>	
Telephone: <input type="text"/>			
Company email: <input type="text"/>			
Website: <input type="text"/>			
No. of employees: <input type="text"/>	No. of companies / subsidiaries for Group Membership: <input type="text"/>		
Nature of business: <input type="text"/>			
Main contact name: <input type="text"/>			
Main contact job title: <input type="text"/>			
Main contact email: <input type="text"/>			

Company structure: Please indicate what type of company you are, and when you started trading

Sole Trader
 Partnership
 Private Limited Company
 Public Limited Company
 Start Up Business
 Other _____

Business Start Date

Membership confirmation:

YES - WE WISH TO APPLY FOR ANNUAL MEMBERSHIP and agree, subject to election, to abide by the terms and conditions as given in the Memorandum and Articles of Association, including the 3 months notice of termination required to cancel membership.

Applicant's signature: <input type="text"/>	Position in company: <input type="text"/>
Print name: <input type="text"/>	Date: <input type="text"/>