

## APPLICATION TO BECOME A MEMBER OF THE BRACKNELL BID

Your organisation's details (must be a levy payer within BRACKNELL BID)

Title:  Forename:  Surname:  Position:  Address:  Telephone:  Email:  Signature:  Date:	Name of					
Postcode:  Website:  Your nominee's details  Title:  Forename:  Surname:  Position:  Address:  Telephone:  Email:  Membership declaration (To be completed by a member of your organisation's Board of Directors or senior management team) We wish to become a member of the BRACKNELL BID and hereby authorise the person named above to serve as our representative.  Name:  Position:  Position:  Position:  Position:	business:					
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 $Please\ send\ this\ form\ to\ the\ postal\ address\ below\ or\ email\ to:\ enquiries@bracknellbid.co.uk$