



## APPLICATION TO BECOME A MEMBER OF THE BRACKNELL BID

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

Name of business:			
Address:			
Postcode:		Telephone:	
Website:			

**Your nominee's details**

Title:	
Forename:	
Surname:	
Position:	
Address:	
Telephone:	
Email:	
Signature:	
Date:	

**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:	
Telephone:			
Email:			
Signature:		Date:	

**Please send this form to the postal address below or email to: [enquiries@bracknellbid.co.uk](mailto:enquiries@bracknellbid.co.uk)**