

Membership Application Form

Join forces with County Wexford's Leading Business Organisation

County Wexford Chamber Mission Statement:

To advance the interests and prosperity of our members through advocacy, networking, training and business opportunities.

www.countywexfordchamber.ie

Registered in Ireland No 264679

To discuss your County Wexford Chamber Membership requirements/options, or to arrange a meeting, please contact Emma Dunphy, Operations Manager at 053 91 22226 or email: emma@countywexfordchamber.ie

Business Name / Trading As:	
Contact Name & Job Title:	
Email:	
Telephone / Mobile:	
Accounts Email & Contact Name:	
Address (including Eircode):	
Website:	
Social Networking:	
Facebook Page:	
LinkedIn:	
Twitter Handle:	
Please describe your Business: i.e., business a	ctivity, products & services
Business Format:	
	nited Company 🔲
	cial Enterprise
	ulti-National
Charity	
If alban planes are of	
If other, please specify:	

Number of Employees:	Full Time: Part-Time:			
Year Company was established:				
, ,				
Has the business achieved accreditation (i.e. ISO 9000) or won awards? If yes, please specify:				
Referral Source:				
Events	Word of Mouth Radio			
Newspaper	Social Media			
Website	Newsletter			
Were you referred by a current Mer	nber of the Chamber?			
If yes, please confirm name of Mem				
If you know anyone who could bene	efit from becoming a Member, please note details			
below:	int from becoming a Member, please note details			
Below.				
What are your business goals in the	novt 2 5 voars?			
what are your business goals in the	ilext 3-3 years:			
What are your reasons for joining Co	ounty Wexford Chamber?			
Networking Events				
Access to support and mentoring				
Training Workshops / Seminars				
Lobbying Support				
International Trade Services				
Access to consultancy on Public Rel	ations & Communications, Event Management			
Inclusion on Online Membership Di	rectory			
Seeking Referrals				
Speaking Opportunities at Events				
Profiling on Newsletter, Website &	Social Media			
Sponsorship Opportunities				

Membership is Corporate, i.e. applicable to all employees. To ensure your staff are kept up to date with news and events please list the details of employees who wish to receive our invitations and newsletter.

Name	Job Title	Email
ease choose one or more of the f	following categories for	inclusion in the Chamber
rectory:	0 0	
ospitality		
nancial Services		
arketing Services		
chitecture/Real Estate		
ucation & Training		
siness Services		
gal Services		
phic Design/IT		
nstruction Services		
urism		
ellbeing / Health		
otor Services		
tail		
ppliers (General)		
od Services		
ate & Semi- State Organisations		
If other, please specify:		

Yearly Membership Fee

Category	No. of Employees	Rate	+Vat @23%	Total
Α	1	€180.00	€41.40	€221.40
В	2-5	€295.00	€67.85	€362.85
С	6 - 15	€395.00	€90.85	€485.85
D	16 - 30	€615.00	€141.45	€756.45
E	31 – 50	€900.00	€207.00	€1,107.00
F	51 – 100	€1,300.00	€299.00	€1,599.00
G	100 +	€1,905.00	€438.15	€2,343.15

NB: Your subscription is an allowable business expense for tax purposes.

County Wexford Chamber Instalment Plans Interest Free Plan (Monthly)

No. of Employees	Rate	+ VAT @ 23%	Total	Monthly Total
1	€180.00	€41.40	€221.40	€18.45
2-5	€295.00	€67.85	€362.85	€30.23
6 - 15	€395.00	€90.85	€485.85	€40.48
16 - 30	€615.00	€141.45	€756.45	€62.12
31 – 50	€900.00	€207.00	€1,107.00	€92.25
51 – 100	€1,300.00	€299.00	€1,599.00	€133.25
100 +	€1,905.00	€438.15	€2,343.15	€195.26

County Wexford Chamber Membership Fee Selection ex VAT: €					
Payment:					
I would like	to pay my	Membership by:			
Cheque		Standing Order		Electronic Transfer	
Electronic 1 County We		etails: nber Bank: Bank of Ireland	, Custom Qı	uay, Wexford	
IBAN: IE96 BOFI 9067 1885 7626 01 BBIC / SWIFT CODE: BOIFIIE2D / 906718					
Account Na	ame: Coun	y Wexford Chamber of Co	mmerce		
Authorisati	ion:				
I wish to ap	oply for Co	unty Wexford Chamber M	embership		
Signed:					
Title:			Date:		
Privacy Statement					
This Privacy Statement gives a very brief overview of our Privacy practices. For further details, please see our Privacy Policy at www.countywexfordchamber.ie/privacy-policy					
We use your personal data only to provide you with services that you have requested and to market our services to you.					
Those services may include (but are not limited to) events, promotional opportunities, training and networking opportunities. Our use of your personal data is limited to the provision of those services and the administration of those services, including general administration, administration of services, sales and marketing, processing of payments and ancillary matters.					

Please return completed, signed form by email to emma@countywexfordchamber.ie or by post to County Wexford Chamber, Hill Street, Wexford with a cheque OR confirmation of Electronic Transfer OR completed Standing Order Form. No application for membership will be processed until payment is received in full or payment agreement is in place.

Membership is subject to ratification by County Wexford Chamber Board Members.

Request for a Standing Order

To:				
Bank Name:				
Bank Address:				
You are authorised to set u	p a Standing Order on my/our account as specifies below.			
My/our account will at all t	times contain sufficient funds to enable each payment to be			
transferred on the due date	е.			
Name:				
Address:				
Email:				
Phone No:				
Please charge my account:				
Account Name:				
IBAN:				
And Pay to:				
Account Name:	County Wexford Chamber of Commerce			
Bank:	Bank of Ireland			
Branch:	Custom House Quay, County Wexford			
IBAN:	IE96 BOFI 9067 1885 7626 01			
BIC/SWIFT CODE:	BOIFIIE2D / 906718			
Γhe amount of: €				
The unbuilt of.				
Per month Per month				
Payments will be deducted o	on the last Friday of payment period selected.			
Commencing with first paym	nent on: (dd/mm/yyyy)			
Signature:	Company Stamp Here			
Date:				