

ASSOCIATE MEMBERSHIP APPLICATION FORM

PLEASE TYPE OR USE BLOCK LETTERS:

NAME:

POSITION:

COMPANY:

ADDRESS:

.....

EMAIL:

TEL:

WEBSITE:

BRIEF COMPANY DESCRIPTION:

.....

.....

Please do not forward any remittance with this application. Your subscription will be invoiced once the application has been approved by the Director.

PAYMENT TERMS AND CONDITIONS OF ASSOCIATE MEMBERSHIP

1. Membership is charged annually at £750 plus VAT and the subscription year runs from 1st April.
2. Associate Membership only begins on receipt of payment.
3. Termination of Associate Membership requires a minimum of three months' notice, in writing to the Director, before the start of the next subscription year (1 April to 31 March).

SIGNED: DATED:

PRINT NAME:

POSITION:

Please complete and return to:

Mrs. Amy Yeates, Executive Assistant, The Federation of Bakers, 6th Floor 10 Bloomsbury Way, London WC1A 2SL 5JW Tel. 020 7420 7190 Email: amy.yeates@fob.uk.com