

## 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 FOB Ltd Chief Executive.

### 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 FOB Ltd Chief Executive, before the start of the next subscription year (1 April to 31 March).

SIGNED: ..... DATED: .....

PRINT NAME: .....

POSITION: .....

***Please complete and return to:***

*Esther Holden Sector Regulatory Executive, Federation of Bakers Ltd, 6th Floor 10 Bloomsbury Way, London WC1A 2SL Tel. 020 7420 7190 Email: [esther.holden@fdf.org.uk](mailto:esther.holden@fdf.org.uk)*