

ASSOCIATE MEMBERSHIP APPLICATION FORM

PLEASE TYPE OR USE BLOCK LETTERS

Name _____

Title _____

Name of Company _____

Address _____

Tel _____

Email _____

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 £950 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 _____

(BLOCK capital letters please)

Position _____

Please complete and return to: Email: info@fob.uk.com

Registered Address:

Federation of Bakers Ltd, 6th Floor, 10 Bloomsbury Way, London WC1A 2SL