

SALE

Town Partnership

APPLICATION TO JOIN THE SALE TOWN PARTNERSHIP

Please complete Part A and send to Hazel Kimmitt, Area Services, Room 28 Trafford Town Hall, Talbot Road, Stretford, Manchester, M32 0TH. Tel: 0161 912 1173 Fax No: 0161 912 1308. hazel.kimmitt@trafford.gov.uk

PART A – PLEASE COMPLETE IN BLOCK CAPITALS (*required information)

*Company name (if applicable): _____

*Name of person making application: _____

Contact name if different from above: _____

*Trading/operational address: _____

*Post Code: _____ Fax No: _____

*Tel No: _____ Mobile No: _____

*Email: _____ *Website: _____

BRIEF DESCRIPTION OF BUSINESS FOR INCLUSION IN THE SALE TOWN PARTNERSHIP'S MEMBERSHIP DIRECTORY (UPTO 50 WORDS)

Please tick if you do not wish your business details to be included on the website or directory.

The membership fee is an annual one, reviewed yearly, renewable in May.

Please tick box below as appropriate:

Business £50.00 p.a.

Voluntary Group/School/Non-profit making Organisation £25.00 p.a.

Type of Business: Retail Financial Professional Catering

Other (please specify) _____

Please select a payment option: I wish to join the Sale Town Partnership and

*enclose completed standing order form

*enclose cheque made payable to Sale Town Partnership for £ _____

*wish to be invoiced for £ _____ *(please delete as appropriate)

I agree to abide by Sale Town Partnership's Constitution and Code of Conduct.

Signed: _____ Date: _____

Print: _____

Please tick (if applicable): Manager Partner Owner

PART B

FOR OFFICE USE

Payment received: £ or Invoiced for: £ Membership No.

Signed (for the Sale Partnership): _____ Date: _____