



## Membership Application Form

We are delighted you're considering joining CGC Co as a member. Please complete the following form. All information will be treated confidentially.

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### SECTION 1: COMPANY INFORMATION

Company Name:

Company Registration Number:

Industry Sector:

Company Address:

Street:

Town/City:

County:

Postcode:

Website:

General Email Address:

Main Phone Number:

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### SECTION 2: PRIMARY CONTACT PERSON

Full Name:

Job Title:

Direct Email:

Direct Phone Number:

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### SECTION 3: MEMBERSHIP TYPE

Please select the membership category that applies:

- Starter (1-5 employees) £99 pa or £10 per month
- Established (6-20 employees) £250 pa or £22 per month
- Premier (20+ employees) £950 pa or £85 per month

Non-profit / Charity £80 or £10 per month

Other (please specify):

NB All payments are subject to vat at prevailing rates

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#### SECTION 4: COMPANY INTERESTS

Why does your company wish to join CGC Co?

Which of the following are of interest to your company?

Networking opportunities

Business development support

Participation in events

Training & workshops

Partnership opportunities

Other: \_\_\_\_\_

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#### SECTION 5: CONSENT AND DECLARATION

By submitting this form:

- I confirm the information provided is accurate to the best of my knowledge.

- I understand and agree to comply with CGC Co's membership terms and code of conduct.

- I consent to being contacted regarding membership-related matters and updates.

Authorised Representative's Name: \_\_\_\_\_

Job Title:

Signature:

Date:

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#### SECTION 6: PAYMENT INFORMATION

You will be invoiced upon acceptance of your application.

Preferred Payment Method:

Bank Transfer

Card Payment

Direct Debit

Other: \_\_\_\_\_

Purchase Order Number (if applicable): \_\_\_\_\_