

Membership Application Form

Join forces with County Wexford's Leading Business Organisation

County Wexford Chamber Mission Statement:

To advance the interests and prosperity of our members through advocacy, networking, training, and business opportunities.

www.countywexfordchamber.ie

Registered in Ireland No 264679

To discuss your County Wexford Chamber Membership requirements/options, or to arrange a meeting, please contact Development & Events Executive Pauline Doyle at 053 91 22226 or email: pauline@countywexfordchamber.ie

Business Name / Trading As:
Contact Name & Job Title:
Email:
Telephone / Mobile:
Accounts Email & Contact Name:
Address (including Eircode):
Website:
Social Networking:
Facebook Page:
LinkedIn:
Twitter Handle:
Please describe your Business: i.e., business activity, products & services
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Business Format:
business rottilat.
Sole Trader Limited Company
Partnership Social Enterprise
Franchise Multi-National
Charity
If other, please specify:

Number of Er	nployees:		Full Time:					
Year Compan	y was establis	hed:						
Has the business achieved accreditation (i.e. ISO 9000) or won awards? If yes, please specify:								
Referral Sour	ce:							
	Events Newspaper Website		Soc	ord of Mout cial Media wsletter	th		Radio	
Were you ref	erred by a cur	rent Mer	nber of the	Chamber?	?			
If yes, please	confirm name	of Mem	ber:					
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Membership is Corporate, i.e. applicable to all employees. To ensure your staff are kept up to date with news and events please list the details of employees who wish to receive our invitations and newsletter.

Job Title

Email

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Please choose one or more o Directory:	i the following	categories for inc	dusion in the Chamber
Directory.			
Hospitality			
Financial Services			
Marketing Services	I		
Architecture/Real Estate	I		
Education & Training]		
Business Services]		
Legal Services]		
Graphic Design/IT]		
Construction Services	[
Tourism	[
Wellbeing / Health	[
Motor Services]		
Retail	[
Suppliers (General)	I		
Food Services	I		
State & Semi- State Organisa	tions		
If other, please specify:			

Upskill with County Wexford Chamber Skillnet:

Name

County Wexford Chamber Skillnet believe that maintaining a highly skilled workforce is essential to our national competitiveness. Our business is to ensure that your business has the skills it needs to thrive. We offer subsidised training with discounts of up to 25% on most of our training courses, delivered at a time and a location that suits you. We offer a further 10% discount on many of our courses if you are a member of the County Wexford Chamber.

If you wou	ld like to	receive mo	e information	about t	hese sul	bsidised	courses,	please	tick th	ne box	and
we will for	ward you	ır contact de	etails to our Sk	illnet te	am 🗆						

Yearly Membership Fee

Category	No. of Employees	Rate	+Vat @23%	Total
Α	1	€180.00	€41.40	€221.40
В	2-5	€295.00	€67.85	€362.85
С	6 - 15	€395.00	€90.85	€485.85
D	16 - 30	€615.00	€141.45	€756.45
Е	31 – 50	€900.00	€207.00	€1,107.00
F	51 – 100	€1,300.00	€299.00	€1,599.00
G	100 +	€1,905.00	€438.15	€2,343.15

NB: Your subscription is an allowable business expense for tax purposes.

County Wexford Chamber Instalment Plans Interest Free Plan (Monthly)

No. of Employees	Rate	+ VAT @ 23%	Total	Monthly Total
1	€180.00	€41.40	€221.40	€18.45
2-5	€295.00	€67.85	€362.85	€30.23
6 - 15	€395.00	€90.85	€485.85	€40.48
16 - 30	€615.00	€141.45	€756.45	€62.12
31 – 50	€900.00	€207.00	€1,107.00	€92.25
51 – 100	€1,300.00	€299.00	€1,599.00	€133.25
100 +	€1,905.00	€438.15	€2,343.15	€195.26

County We	xford Chamber M	embership Fee Sele	ction ex VA	.T: <u>€</u>
Payment:				
I would like	to pay my Memb	ership by:		
Cheque		Standing Order		Electronic Transfer
	Transfer Details: xford Chamber Ba	ank: Bank of Ireland,	Custom Qu	uay, Wexford
IBAN: BBIC / SWII	IE96 BOFIIE2	DFI 9067 1885 7626 D / 906718	01	
Account Na	ame: County Wexf	ord Chamber of Con	nmerce	
Authorisati	on:			
I wish to ap	pply for County W	exford Chamber Me	mbership	
Signed:				
Title:			Date:	
		Privacy Sta	tement	
		•		acy practices. For further details, hamber.ie/privacy-policy
We use you	r personal data only	to provide you with so		you have requested and to market
networking and the	opportunities. Our administration of t	use of your personal of hose services, including	data is limite g general ac	otional opportunities, training and d to the provision of those services lministration, administration of s and ancillary matters.

Please return completed, signed form by email to pauline@countywexfordchamber.ie or by post to County Wexford Chamber, Hill Street, Wexford with a cheque OR confirmation of Electronic Transfer OR completed Standing Order Form. No application for membership will be processed until payment is received in full or payment agreement is in place.

Membership is subject to ratification by County Wexford Chamber Board Members.

Request for a Standing Order

=	
To: Bank Name:	
Bank Name: Bank Address:	
	up a Standing Order on my/our account as specifies below. times contain sufficient funds to enable each payment to be e.
Name:	
Address:	
Email:	
Phone No:	
Please charge my account:	
Account Name:	
IBAN:	
And Pay to:	
Account Name:	County Wexford Chamber of Commerce
Bank:	Bank of Ireland
Branch:	Custom House Quay, County Wexford
IBAN:	IE96 BOFI 9067 1885 7626 01
BIC/SWIFT CODE:	BOFIIE2D / 906718
The amount of: €	
Per month	
Payments will be deducted o	n the last Friday of payment period selected.
Commencing with first paym	ent on: (dd/mm/yyyy)
Signature:	Company Stamp Here
Date:	