

RETAIL MEMBERSHIP APPLICATION FORM



The Café Society

1. Contact details:

Please provide a main contact point to which all general information concerning the Society and membership should be addressed:

Name:

.....

Job Title:

.....

Company Name:

.....

Address:

.....

.....

Post Code:

Tel.No:

Fax No:

Email address:

.....

2. About Your Business:

How long has your business been trading?
..... Years / months

How many shops/units do you have?

If the business is a subsidiary of another business, please state name of parent business:

.....

3. Other Contact Details

In order that we may send appropriate information to the right people, please give the name and e-mail address of the following contacts:

Managing director:

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.....

Technical director/manager:

.....

.....

Marketing director/manager

.....

.....

4. Hygiene Rating

Retail membership of the Society is dependent on all your outlets holding at least a 3 star rating in the national food ratings scheme or the equivalent local authority scheme in your area. Please submit your rating and indicate whether you are in the national scheme or, alternatively, which local authority you have been checked by.

Rating stars

National Local authority

Name of local authority (if applicable)

.....

Please supply ratings for additional outlets on a separate sheet.

5. Payment

In order to qualify for membership and to ensure swift processing, this application should be accompanied by the appropriate fees, based on the total number of outlets.

Retail membership fees are calculated based on the number of outlets a member company has. The formula for calculating retail fees is:

£54 (£45 +VAT) first outlet

plus

£24 (£20 +VAT) x Number of Additional Outlets

The maximum fee is capped at £765 (plus VAT).

CARD DETAILS

Card Type

Card Number.....

Expiry Date..... CVV (last 3 digits on rear).....

Valid From Date..... or Issue Number.....

Name on Card.....

Billing Address Postcode..... House Number.....

CHEQUES

Should be made payable to **The Café Society** and sent to **The Café Society, Association House, 18c, Moor Street, Chepstow, Monmouthshire, NP16 5DB**

6. YOUR SIGNATURE

I confirm that, to the best of my knowledge, the information provided in this form and in the accompanying information is accurate and reliable.

Signed:

.....

Date:.....

Name:.....

This form must be signed by an authorised signatory for the business.

Please sign and return by fax, email or post to...

The Café Society
Association House
18c Moor Street
Chepstow, NP16 5DB

Email: membership@cafesociety.org.uk

Fax: 01291 630402

**Prices are valid to December 2016.
Please call 01291 636333 to confirm after this date.**