Membership Application Form

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| --- | --- |
| Full Name |  |
| Job Title |  |
| Company Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| E-mail Address |  |
| Website Address |  |

I hereby apply for Membership of The Spirit of Speyside Whisky Festival Ltd.

I confirm that we currently hold the following quality standards (please circle or indicate what applies)

 VisitScotland 3 Stars or above

 ISO 9001

 Other – please give details:

|  |  |
| --- | --- |
| Level of Membership:(Please circle as appropriate) | **Member / Associate / Enhanced / Corporate**Standard Membership Fee:£55 plus VAT Enhanced: £250 plus VATCorporate: £500 Plus VAT |
| Signature (electronic signature accepted) |  |
| Date |  |