Membership Application Form

|  |  |
| --- | --- |
| 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Membership:  (Please circle or delete as appropriate) | **Member / Corporate**  Standard Membership Fee:  £60 plus VAT  Corporate: £500 Plus VAT | | |
| Location:  (Please circle or delete as appropriate) | Speyside / Other | If other, where: |  |
| Your business:  (Please circle or delete as appropriate) | Accommodation / Transport / Food & Drink / Other | | |
| If other, please describe: |  | |
| Signature:  (This can be electronic) |  | | |
| Date: |  | | |