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.

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| 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: |  |