



WOKING ASIAN BUSINESS FORUM

## Membership Form

### 1.0 General Information

FIRST NAME	LAST NAME
ORGANISATION	
TELEPHONE	FAX
MOBILE	E-MAIL
BUSINESS ADDRESS	
NATURE OF BUSINESS	
REGISTRATION NUMBER	REGISTRATION TYPE

### 2.0 Membership

I / WE WANT TO BECOME A GENERAL MEMBER GBP25.00 (Annual Fee)  I / WE WANT TO MAKE A ONE TIME DONATION AMOUNT:

### 3.0 Payment Type

#### Cheque

I HAVE ENCLOSED A CHEQUE FOR THE AMOUNT INDICATED IN SECTION 2: MEMBERSHIP

#### Credit/Debit Card

CARD TYPE VISA  MASTERCARD  AMERICAN EXPRESS  MAESTRO/SWITCH/SOLO

CARD NUMBER

CARDHOLDER'S NAME

BILLING ADDRESS

EXPIRY DATE

ISSUE NUMBER

PLEASE DEBIT MY CREDIT / DEBIT CARD FOR THE AMOUNT INDICATED IN SECTION 2: MEMBERSHIP

CARDHOLDER'S SIGNATURE

DATE

### 4.0 Confirmation

The Woking Asian Business Forum adheres to the UK Government Data Protection and Privacy Act (1998). All information collected in this form are for the use of WABF only, and will not be disclosed to any third party without your prior written confirmation. Please ensure that you have read and understood the WABF Aims and Objectives (overleaf). By ticking the following box, you agree to the Membership Aims and Objectives of WABF.

SIGNATURE

DATE

Form No .

### Guidelines

Full name of the Applicant/Founder/Owner or Authorised Signatory.

Please include the registered name of the organisation.

Please include your business telephone and fax numbers.

Please include the mobile telephone number and email address of the authorised signatory.

Please provide the full correspondence address of your business including Town and Postcode.

Please write the nature of your business or the industry in which it operates.

Please provide the registration number of your business, and indicate the type of Registration (i.e. Limited Company, Sole Trader, etc.).

Please indicate if you want to become a member or make one time donation for any amount.

Please complete this sub-section if you are paying by Cheque.

Please complete this sub-section if you are paying by Credit / Debit Card.

Please select the Card Type.

Please provide your full Caredit/Debit Card number.

Please provide the full name of the cardholder as it appears on the card you are using.

Please provide the billing address where the statements for this particular card are received.

Please provide the expiry date of your card. For Switch users only, please indicate the issue number.

Please read Section 4.0, including the WABF Aims and Objectives (overleaf) carefully before ticking the box to the left.

Please authorise the transaction by signing the debit instruction.

Please sign here to complete your Registration.