



POWER THROUGH NETWORKING

# Active Business Group Application Form

COMPANY NAME \_\_\_\_\_

TRADING NAME (If Different) \_\_\_\_\_

TRADING ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO. \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

YOUTUBE CHANNEL \_\_\_\_\_

LINKED IN ADDRESS \_\_\_\_\_

TWITTER HANDLE \_\_\_\_\_

FACEBOOK PAGE \_\_\_\_\_

INSTAGRAM HANDLE \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_

MOBILE NUMBER / EMAIL ADDRESS \_\_\_\_\_

ACCOUNTS CONTACT NAME \_\_\_\_\_

ACCOUNTS EMAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS (Please Tick) Limited Company  Partnership  Sole Trader

COMPANY REGISTRATION NO. \_\_\_\_\_ DATE OF INCORP. \_\_\_\_\_

REGISTERED COMPANY ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPANY ESTABLISHED DATE \_\_\_\_\_ If different to Incorporate date

GROUP BUSINESS CATEGORY APPLIED FOR \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

\_\_\_\_\_

ANNUAL TURNOVER \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

COMPANY 1

COMPANY 2

### **TRADE REFERENCE DETAILS**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_

CURRENT CREDIT LIMIT \_\_\_\_\_

AUTHORISED SIGNATORY	POSITION	DATE

### **DECLARATION**

I apply to join the Active Business Group and undertake to attend the meetings regularly and promptly or to arrange to be represented. I also undertake to be ethical in my dealings with other members and their referrals and to do all I can to ensure that the group is mutually beneficial to all members. I understand that once accepted as a member of ABG, fees are non-refundable. I understand that if I miss more than three meetings in a six month period without arranging for a representative, ABG reserves the right to terminate my membership.