

MWT CYMRU

MEMBERSHIP APPLICATION FORM

Please complete and return this form to us at the address below OR apply online at
www.mwtcymru.co.uk/join-mwt

APPLICANT INFORMATION

Name:

Business Name:

Job Title:

Email:

Correspondence Address:

Town:

County:

Postcode:

Phone:

Mobile:

MAIN BUSINESS INFORMATION

Business Name:

Business Address:

Town:

County:

Postcode:

Email:

Phone:

Web:

Business Type:

No of Units/Rooms if applicable:

ADDITIONAL BUSINESS INFORMATION IF APPLICABLE

Additional Business Name:

Address:

Phone:

Town:

County:

Postcode:

Business Type:

MEMBERSHIP FEE

Exc VAT:

Inc VAT:

PLEASE SELECT A PAYMENT METHOD

PAYMENT VIA DIRECT DEBIT (PLEASE TICK YOUR CHOSEN OPTION: MONTHLY/QUARTERLY/ANNUALLY).

WE WILL SEND YOU A LINK TO PROCESS YOUR DD PAYMENTS ON RECEIPT OF THIS FORM.

Monthly

Quarterly

Annually

PAYMENT VIA CREDIT/DEBIT CARD

Card No:

Card Holder Name:

Expiry Date:

Start Date:

CVC:

PAYMENT VIA CHEQUE. I/WE ENCLOSE A CHEQUE MADE PAYABLE TO MID WALES TOURISM

SIGNATURES

I/we have the authority to become a member of MWT Cymru and hereby apply to become a member

Signature:

Date:

Print Name:

Date:

Data protection Act: MWT takes great care in dealing and processing your data in accordance with the provision of the Data Protection Act 1998 as a member of MWT you will receive communications from us for marketing opportunities and MWT updates. Please indicate if you would like to opt out of these communications:

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