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.

I confirm that we currently hold the following quality standards (please circle)

 VisitScotland 3 Stars or above

 ISO 9001

 Other – please give details

If the appropriate quality standards are not held, please circle Associate or Community

|  |  |
| --- | --- |
| Level of Membership: | Member / Associate / Community / Enhanced / Corporate |
| Please circle as appropriate:Standard Membership Fee of £55 plus VAT included (£66) | Yes / No |
| Please send an invoice to above address | Yes / No |
| Signature |  |
| Date |  |