

AF AFFINITY MEMBERSHIP APPLICATION



THE MANUFACTURING
CO-OPERATIVE
Working together for supply chain innovation

(Please complete using block capitals)

1: APPLICANT DETAILS

Business name:	
Address:	
	Postcode:
Telephone:	Fax:
If a limited company, registered address:	
VAT no.:	Limited company registration no.:
Not VAT registered <input type="checkbox"/>	
Main contact name:	
Main contact mobile number(s):	
Main contact email address:	
Second contact name:	
Second contact mobile number(s):	
Second contact email address:	
Business turnover: £	Staff number:
Affinity help source a large range of products and services, please indicate below the categories that are of interest: <i>Please tick as appropriate</i>	
<input type="checkbox"/> Electricity* <input type="checkbox"/> Fuel <input type="checkbox"/> Insurance* <input type="checkbox"/> Mobiles / Landlines / Broadband* <input type="checkbox"/> Vehicles <input type="checkbox"/> Stationery / office equipment	
<input type="checkbox"/> Computers / electrical goods <input type="checkbox"/> General building materials <input type="checkbox"/> HR, payroll and pensions <input type="checkbox"/> Private healthcare*	
<input type="checkbox"/> Grant Funding <input type="checkbox"/> AF PRomote marketing service	
Please state any other requirements not detailed above:	
<hr/>	
<i>*Please include renewal dates for these contracts</i>	
I agree to the terms of business (available on the website www.manufacturing.coop) and authorise AF Affinity to draw from my nominated account 21 days from date of invoice.	
Authorised signature: Owner/Director/Partner	
Print name:	
Position:	Date:
For further information contact Tabatha Bunting on 01603 881 888 or email tabatha.bunting@af-affinity.co.uk	

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