



# Membership Application

Please email the completed form to: [membership@commonwealthchamber.com](mailto:membership@commonwealthchamber.com)

## A. Membership Type

Under 35 Membership - Free

Individual Membership - £100 GBP (per annum)

## B. Personal Information

**Name**

**Date of Birth**

First Name

Last Name

**Gender**

**Nationality**

**Passport Number**

# C. Contact Information

## Company Name

## Title

## Home Address

## Work Address

Street Address

Street Address

Street Address Line 2

Street Address Line 2

City

City

State

State / Province

Zip Code

Postal / Zip Code

Country

Country

## Email

## Alternative Email

## Work Number

## Mobile

Area Code

Phone Number

Area Code

Phone Number

## D. Additional Information

**Are you willing to participate on a committee?**

Yes

No

**Which committee(s) would you prefer to join?**

Finance & Markets

Legal

Environment

Blockchain & Crypto

Women in Business

**Area of Interest(s):**

Finance & Markets

Legal

Environment

Blockchain & Crypto

Women in Business

Other (please specify): \_\_\_\_\_

**How did you hear about us?**

Social Media (Facebook, Instagram, LinkedIn)

Event

Google search

Word of mouth

Referral

Other (please specify): \_\_\_\_\_

**Date**

**Signature**