

APPLICATION FORM FOR CORPORATE PARTNERSHIP OF



I wish to apply on behalf of (insert organisation name)
as a Corporate Partner of the BCI Partnership.

Contact Details for Key Contact	
Full Name	
Title	Mr, Mrs, Ms, Miss, Dr (delete as appropriate)
Position in Organisation	
Telephone Number	
Mobile/Cell Number	
Email Address	
Organisation details	
Organisation Name	
Organisation Address	
Telephone Number - switchboard	
Fax Number	
Industry Sector eg retail, banking	

We wish to take:

- Gold Status at £3000 per annum
- Silver Status at £1500 per annum
- Bronze Status at £500 per annum

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Annual subscriptions run on an anniversary basis ie those organisations joining in October would be due for renewal the following September.

Please give information on where the invoice should be sent:

Contact Details for Invoicing	
Full Name	
Title	Mr, Mrs, Ms, Miss, Dr (delete as appropriate)
Position in Organisation	
Telephone Number	
Email Address	
Address details	
Organisation Name	
Organisation Address	
Purchase Order Number	
PO Number (if appropriate)	

Upon receipt of payment the BCI will contact the Key Contact to set up Named Contacts.

Please send this completed application form to:

The BCI Partnership
10 Southview Park
Marsack Street
Caversham
Berkshire
RG4 5AF
UK

Fax: + 44 (0)118-947 6237

Email: partnership@thebci.org