

# Textile Centre of Excellence



## Membership Application Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel/Fax: \_\_\_\_\_

E mail: \_\_\_\_\_

Web site address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Number of employees (working 16 or more hours per week: \_\_\_\_\_

*(Alterations to this number can be made in December each year)*

SME Criteria for Funding			
Do other firms own more than one quarter of the company? <i>Delete as appropriate.</i>		Yes	No
What is the value of the Company's Balance Sheet?			
What is the Company's annual turnover?			
Have you received any grants or state aids in the past three years? If YES please provide details. <i>Delete as appropriate.</i>		Yes	No
Date of Payment	Name of Provider	Amount £	Brief reason for payment

### Company Representative to Management Committee:

Name & Title: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Subscription: £100 per company + £6.00 per employee per annum  
*(25% will be invoiced on 1<sup>st</sup> January, 1<sup>st</sup> April, 1<sup>st</sup> July & 1<sup>st</sup> October)*

NB: Memorandum and Articles of Association are available for inspection  
Membership will be approved at the next Management Meeting dated: \_\_\_\_\_  
after which a letter of confirmation will be issued.



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