

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 1st January, 1st April, 1st July & 1st 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.



INVESTOR IN PEOPLE



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