

## Membership Application Form

Company/Organisation Nar	ne
Contact Name – Seminar Ir	fo
Contact Tel N° – Seminar Ir	fo
Role/Job Ti	tle
Industry or sec	or
Contact Name – Invoici	ng
Contact Tel Nº – Invoici	ng
Company Address Lin	21
Company Address Lin	2
То	vn
County	Postcode
eMail addre	ss
Membership Fee Attached (Cheq	£40.00 per annum
Areas of special safety inter	est
How did hear about the HHS	Web / Google / Local Media / Word of Mouth / Other*  *Please state 'other'

Please complete and return to the Group Treasurer:

Adrian Gale 9 Clifford Road Leominster Herefordshire HR6 8UE

Alternatively this document can be scanned and sent to: <a href="mailto:applications@herefordhsg.co.uk">applications@herefordhsg.co.uk</a> Payment can also be made by BACS, please use the applications email to receive details.