



Application for Associate Membership

For Retail Outlets, Restaurants, Hotels or Tourist Attractions stocking and/or serving local and regional food and drink

The following questionnaire is designed to help build a profile of our members. This form must be completed as part of the application.

Contact name(s)

Company name

Telephone number

Full address

Fax number

Email

Website

Opening hours

Description of business (and product range) for use in publicity and promotion such as Website, Newsletters etc - include details of anything you produce yourself.

(max 40 words)

Do you run/own the following?

Farmshop

Village Store

Restaurant

Public House

Delicatessen

Co-operative

Café

Hotel

Farmers Market

Other - please detail

Opening Days & Times

Visitor facilities *(this information will be passed to Visit Britain)*

On-site Parking

Picnic Site

Guided Tours

Pets Accepted

Cafe/Restaurant

Toilets

Demonstrations

Non-smoking

Any other Visitor facilities?

Cont'd...

The following information is for Tastes of Anglia use only and will be treated in confidence

Company Ownership

- Independent
- Subsidiary - name of parent: _____
- Parent - name of subsidiary: _____

Turnover Band

- Under £10k £20k - £50k £100k - £250k £500k - £1m
- £10k - £20k £50k - £100k £250k - £500k Over £1m

Number of staff (please insert)

- Full-time Part-time Seasonal

Are you VAT registered?

- Yes
- No

Are you interested in the following? (tick all that apply)

- Participating in National Food Weeks
- Attending workshops
- Sourcing local/regional products
- Advertising opportunities - literature/website

Please tell us about any areas of support you would like to receive from Tastes of Anglia.

Where did you hear about us? (If referral from existing member please give name)

- I enclose a cheque for £100+ VAT for annual membership

Declaration: I have read and agree to abide by the conditions of membership

Signature:

Date: