

# **MEMBERSHIP APPLICATION**

for

## THE INDEPENDENT FOOTWEAR RETAILERS ASSOCIATION

Send to: P O Box 123, Banbury, Oxfordshire, OX15 6WB

I hereby apply to become a member of IFRA and agree to abide by the Rules of the Association

Name			
Company Name			
Address			
Post Code	Tel	Fax	
e-mail	Web site		

Branch Shops to be registered (if any) Name, Address, Tel. No. (please add names, addresses and telephone numbers of your Branches on the reverse of this form, as indicated)

# Please use the easy calculation for Membership Payment panel on the reverse, to work out your membership fee, i.e., adding full-time, part-time and Branches, <u>as shown</u>

#### Declaration

I/We qualify for membership of IFRA in accordance with the Memorandum and Articles of Association.

Signed \_

Position in Company

### <u>Please make your cheque payable to IFRA</u> or if you wish you can pay by credit card <u>by completing this panel</u>

Name ( as s	hown on credit card )					
Please debi	t my MASTERCARD					
In the amount of £						
Valid from	mm/yyyy	Valid to     mm/yyyy     security number on reverse of card				
Name Printed 2494 (245)   Signature Date						
Address for Credit Card purposes :						
if same as home address,						
tick here						