



Young Business Group
of Guernsey

YOUNG BUSINESS GROUP L.B.G

REGISTRATION FORM

Please register me as a member of the Young Business Group LBG. These are my details:

1. Name

2. Company

3. Position

4. Correspondence
address

5. Email address

6. What area of business do you work in?
(e.g. banking, retail, trust etc.)

7. Would you like to be included in our e-mailing list? **YES/NO**

8. How did you hear about YBG?

9. Date of Birth

10. Daytime telephone number/s

11. Your signature

12. Date