



# 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. Correspondence address

4. Email address

5. What area of business do you work in?  
(eg. banking, retail, trust etc)

6. Would you like to be included on our e-mailing list? **YES / NO**  
*(We will email you lunch club reminders and social event information)*

7. How did you hear about YBG?

8. Are you or your business a member of the Chamber of Commerce? **YES / NO**

9. If your answer to question 8 was "no", would you like to receive an information pack from the Chamber of Commerce?

**YES/NO**



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10. If your answer to question 8 was "no" would you like to receive a complimentary copy of Contact magazine every month?

**YES/NO**

11. Date of Birth

12. Daytime telephone no/s.

13. Your signature

14. Date