

APPLICATION FOR VOLUNTARY MEMBERSHIP 2024-2025

For further information on Voluntary Membership of Visit Great Yarmouth/GYTABIA please visit our B2B website <u>here</u>

| Name(s) of | |
|--------------------|----------|
| Owners | |
| Name of Business | |
| Business Address | |
| | |
| | |
| | Postcode |
| Contact Number: | |
| | |
| E-mail address: | |
| | |
| Correspondence | |
| Address | |
| (if different from | |
| Business Address | |
| above) | Postcode |

| DECLARATION & SIGNATURE | | |
|--|--|--|
| I wish to support the objectives of Visit Great Yarmouth/GYTABIA by subscribing as a voluntary member and declare that the information I have given above is correct | | |
| Signature | | |
| Date | | |

Please complete and return via email to karen@gyta.com