



**Member Application Form**

**Company Name:** .....

**Contact Name:** .....

**Address:** .....

.....

.....

**Telephone Number:** .....

**Mobile Number:** .....

**Email:** .....

**Number of employees:** .....

**Are you registered with CITB (Please Circle)      Yes      No**

**If yes, registration number:** .....

**Brief Company overview:** .....

.....

.....

**Please state type of training your employees undertake:**

.....

.....

**Number of apprentices employed annually?** .....