



Retail Excellence Membership **2020** Application Form

Company Name: _____

Trading As: _____

Head Office Address: _____

Tel: _____

Email: _____

Primary Contact (& title): _____

Tel: _____

Mobile: _____

Email: _____

Secondary Contact (& title): _____

Tel: _____

Mobile: _____

Email: _____

Accounts Department Email: _____

Opt In	Tick Here to Opt In	Primary Contact for this Group	Contact Person's Email Address
eCommerce Group			
HR Network Group			
Loss Prevention Group			
Garden Group			
Pharmacy Group			
Jewellery Group			
Town & City Revival Group			
Tourism & Visitor Group			

How many full-time team members do you employ? _____

What retail sector do you operate in? (i.e. Menswear) _____

How many stores do you operate? _____

How did you hear about Retail Excellence? _____

Terms & Conditions - 1. Membership is open to retail businesses, online and/or offline, in the Republic of Ireland;

2. The member organisation's principal activity must be retailing; 3. Membership is extended to the company rather than the individual, thus if the individual leaves the retail organisation, they can no longer participate in membership unless authorised to do so by the member organisation; 4. Membership does not commence until the appropriate membership fee is paid in full; 5. Members are expected to conduct themselves in a professional manner and to treat other members, as well as Retail Excellence staff, with courtesy and respect; 6. Failure to abide by these terms and conditions will result in the immediate termination of Retail Excellence membership.

I agree to abide by the terms and conditions of membership



Retail Excellence Membership **2020** Application Form

Optional: Please provide any additional contacts within your company whom you would like to include on our **Members' database in the areas of Retail, Learning and Development, HR & eCommerce. These contacts will also receive Member updates via email.**

Department Name: _____

Primary Contact (& title) _____

Tel: _____

Mobile _____

Email: _____

Department Name: _____

Primary Contact (& title) _____

Tel: _____

Mobile _____

Email: _____

Department Name: _____

Primary Contact (& title) _____

Tel: _____

Mobile _____

Email: _____

Department Name: _____

Primary Contact (& title) _____

Tel: _____

Mobile _____

Email: _____

Department Name: _____

Primary Contact (& title) _____

Tel: _____

Mobile _____

Email: _____



Thank you for your membership application to Retail Excellence for **2020**
Please return completed application form to Keelan@retailexcellence.ie