

Membership Application Form

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|--|
| COMPANY NAME |
| TRADING NAME |
| COMPANY TYPE Limited <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> |
| ADDRESS |
| COUNTY |
| POSTCODE |
| TIME AT ADDRESS Years <input type="text"/> Months <input type="text"/> |
| ARE YOU TRADING FROM YOUR HOME ADDRESS? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| TELEPHONE |
| MOBILE |
| FAX |
| WEBSITE |
| EMAIL |

| |
|---|
| CONTACT NAME |
| POSITION |
| ACCOUNTS CONTACT |
| MAILING ADDRESS (if different from above) |
| COUNTY |
| POSTCODE |
| TIME AT ADDRESS Years <input type="text"/> Months <input type="text"/> |
| DIRECT TELEPHONE |
| EMAIL |

First day of trading

Turnover

£0-£50k

£50k-£100k

£100k-£500k

£500k-£1m

£1m-£5m

£5m-£10m

£10m+

Product Liability Insurance?

Yes

No

Registered with Environmental Health?

Yes

No

Number of Employees

Full time

Part time

Credit requested

£

Membership £300

Start-up £100

| | | | | |
|---------------------|---------------------------------|---------------|-------------------|-----------------|
| For office use only | Date application form received: | Added to CRM: | Added to website: | Admin/Accounts: |
|---------------------|---------------------------------|---------------|-------------------|-----------------|

Your business and products

Which description best describes your business?

Producer Manufacturer Retailer Hospitality Distributor/Wholesaler

If you are a producer, would you be interested in making own label products for another company?

Yes No

Where do you see your products in the market place? (please provide a full product listing sheet, if available)

Standard Premium

| | |
|---|---|
| What is your current market? | What new markets are you interested in? |
| <input type="checkbox"/> Major Multiples | <input type="checkbox"/> Major Multiples |
| <input type="checkbox"/> Foodservice (National) | <input type="checkbox"/> Foodservice (National) |
| <input type="checkbox"/> Regional Retailers | <input type="checkbox"/> Regional Retailers |
| <input type="checkbox"/> Farm Shops/Delicatessens | <input type="checkbox"/> Farm Shops/Delicatessens |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Craft Foods/Gifts | <input type="checkbox"/> Craft Foods/Gifts |
| <input type="checkbox"/> Manufacturers | <input type="checkbox"/> Manufacturers |
| <input type="checkbox"/> Public Sector (NHS, Schools etc) | <input type="checkbox"/> Public Sector (NHS, Schools etc) |

Where do your products sell best? (please write in the space provided below)

Do you supply catering pack sizes?

Yes No

Your company type

| Producer/Manufacturer (please tick one) | Product (please tick as many as are applicable) |
|--|---|
| <input type="checkbox"/> Bakers/Confectioners | <input type="checkbox"/> Confectioners <input type="checkbox"/> Bakers Other (please state) _____ |
| <input type="checkbox"/> Dairy and Eggs | <input type="checkbox"/> Ice Cream <input type="checkbox"/> Eggs <input type="checkbox"/> Cheese <input type="checkbox"/> Milk/Cream <input type="checkbox"/> Yoghurt |
| <input type="checkbox"/> Beverages | <input type="checkbox"/> Beverages Alcohol <input type="checkbox"/> Beverages Non-Alcohol Other (please state) _____ |
| <input type="checkbox"/> Fish – Fresh and Smoked | <input type="checkbox"/> Fresh <input type="checkbox"/> Smoked Other (please state) _____ |
| <input type="checkbox"/> Fresh Ingredients | <input type="checkbox"/> Fresh Produce Other (please state) _____ |
| <input type="checkbox"/> Ingredient Suppliers | Other (please state) _____ |
| <input type="checkbox"/> Meat, Poultry and Game – Fresh and Smoked | <input type="checkbox"/> Meat <input type="checkbox"/> Game <input type="checkbox"/> Poultry <input type="checkbox"/> Prepared Foods <input type="checkbox"/> Smoked Foods Other (please state) _____ |
| <input type="checkbox"/> Ready Meals | <input type="checkbox"/> Pies <input type="checkbox"/> Snack Products <input type="checkbox"/> Soups & Sauces Other (please state) _____ |
| <input type="checkbox"/> Preserves, Honey, Condiments and Spices | <input type="checkbox"/> Preserves <input type="checkbox"/> Condiments <input type="checkbox"/> Honey <input type="checkbox"/> Spices Other (please state) _____ |

Retailer (please tick one)

Deli Independent Retailer Farm Shop
 Butcher Baker Online
Other (please state) _____

Hospitality (please tick one)

Tearoom/Café Hotel Outside Caterers
 Public House Restaurant
Other (please state) _____

Distributor/Wholesale (please tick one)

Distributor Wholesale
Other (please state) _____

What services do you offer?

(please tick all that apply)

Internet Sales Mail Order Own Retail Outlet
 On-site Café or Restaurant Children's Play Area Site Tours/Demonstrations
 Export

How we can help you – our support services

(please tick all of interest to you)

Consumer Shows Trade Shows Marketing & PR Promotional Activity
 Food Safety – Accreditation/Compliance Product Development – NPD, focus groups, mystery shopping Trade Development – Meet the Buyer, Meet the Producer
 Learning & Development – Online Learning tool, Workshops & Seminars Information on Funding Export
 deliciouslyyorkshire Branding Networking Chef Demonstrations/Tutorials

How did you hear about us?

(please tick all that apply)

Media Coverage Promotional Material Search Engine
 Exhibition or Food Festival Referral (please state from whom) _____
Other (please state) _____

The Direct Debit Guarantee

This Guarantee Should be detached and retained by the Payer.

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits

- If there are any changes to the amount, date or frequency of your Direct Debit The Regional Food Group will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Regional Food Group to collect a payment, confirmation of the amount and date will be given to you at the time of the request

- If an error is made in the payment of your Direct Debit by The Regional Food Group or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when The Regional Food Group asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Instruction to your Bank or Building Society

to pay by Direct Debit (UK Bank Accounts only)

Please complete and return your form to:

Regional Food Group, 1-2 Grimston Grange, Sherburn Road, Tadcaster, North Yorkshire LS24 9BX



Your Bank Details

| | |
|--|--|
| Your company name | Trading name |
| Name and the full postal address of your bank or building society | |
| To the Manager | (Bank/Building Society) |
| Address | |
| Postcode | |
| Name(s) of Account Holder(s) | |
| Bank/Building Society Account Number <input type="text"/> | Sort Code <input type="text"/> |
| Reference Number (office use only) <input type="text"/> | |
| I wish to pay <input type="checkbox"/> Monthly (10 installments) <input type="checkbox"/> Annually | |
| Please pay the Regional Food Group for Yorkshire and Humber, Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with the Regional Food Group for Yorkshire and Humber and, if so, details will be passed electronically to my Bank/Building Society | |
| Signature _____ Date | |
| Declaration 1. I understand that my application for membership of the Regional Food Group (RFG) is based on the following criteria: That I am a business operating within the Yorkshire and Humber region committed to the objectives of the group. I have complied with all legislation for the industry sector and can provide evidence that there are no outstanding issues either with the environmental agency, health department, trading standards or other enforcement agencies. I have complied with all food safety criteria for the industry sector, including processing facilities that are maintained in a condition that is typical to those of the industry standard. That as a Producer member, all products made have undergone a reasonable value-adding process over and above re-marketing and re-packaging. Products manufactured/produced/grown/raised/baked/caught (NB all primary produce meat or vegetables) have all spent at least 50% of its life or a minimum of six months on our land in the region. That as a member, I demonstrate a policy of local sourcing where and when products/ingredients are available within the Yorkshire and Humber region. 2. I understand that as a member of the RFG I will have to pay an annual subscription. As a result of non-payment of any fee or subscriptions due following the three months after it becomes due, membership will cease to be effective. On payment of all arrears of fees or subscriptions, a company may reapply to be re-admitted as a member. 3. I understand that following the submission of my application, membership of the RFG is at the discretion of the Board of Management and that the RFG has the ability to revoke or suspend membership, if it is felt that the company no longer achieves the necessary membership standards* at any stage during the subscription term. 4. I understand that it is at the discretion of the Board of Management to make or redefine rules regarding membership subscriptions, method of payment, classes of membership. 5. I understand that following application for membership of the RFG, I may be subject to audit before membership is approved and that following successful application I may be subject to further audit. 6. I understand that in addition to the terms of membership, all shows and exhibitions co-ordinated by the RFG will be subject to the RFG Show Rules (in addition to those of the organisers). 7. As part of benefiting from membership of the RFG, I understand that any event attended or activity undertaken whereby feedback is necessary, I will provide all information required as confidential to satisfy the funders. 8. As a start-up business I am entitled to membership for 12 months with RFG at this rate before I transfer to the full price, even if I join prior to my business being fully set up. *Membership standards include satisfying the criteria specified in point 1, as well as adhering to a satisfactory code of conduct, believed by the Board to not be prejudicial to the interests of RFG. | |
| Having read the Membership Application, I can confirm that I fully understand all the points set out in the RFG declaration and the company I represent fits into one of the RFG membership categories and meets all the necessary criteria. All the information I have provided in this form is accurate and I understand that any future credit request will be subject to a credit check at the discretion of RFG. | |
| Position _____ | Signature _____ Date |
| On behalf of RFGYH _____ | Signature _____ Date |
| We would like to share your details with other like-minded organisations. If you do not wish us to share your details with other approved support groups, please tick the box <input type="checkbox"/> | |
| Membership costs | Start-up business (in operation for less than 12 months) £100 + VAT Full Membership: £300 + VAT |

The Regional Food Group for Yorkshire and Humber Limited
1-2 Grimston Grange | Sherburn Road | Tadcaster | North Yorkshire | LS24 9BX
T +44 (0) 1937 830354 | F +44 (0) 1937 838890
E team@regionalfoodgroup.co.uk | W www.regionalfoodgroup.co.uk

