**Employer Benefits Provider Application Form**

Please complete the below questions in as much detail as possible, the criteria and terms and conditions for the application can be seen at [Tenders - Doncaster Chamber (doncaster-chamber.co.uk)](https://www.doncaster-chamber.co.uk/tenders/)

Business Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing application form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that I am a gold Chamber member, or that if my application is successful, I will upgrade to a gold level of membership \_\_\_\_\_

I confirm that my discount will be available for Chamber members to redeem for a minimum of 12 months \_\_\_\_

Details of business (please describe what your business does)

Details of the offer you would like to share with Chamber members

Terms and conditions of your offering

How is this offer to be redeemed?

Proposed commission structure for the Chamber

Contact details and website/ social media accounts

Business Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instagram\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LinkedIn \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this application form to lhemstock@doncaster-chamber.co.uk by 29th February 2024, along with an attachment of your company logo and any photos/ imagery you would like to be displayed with your offer, if accepted.