



**JERSEY MOTOR TRADES FEDERATION**  
**The voice of the Motor Trade in Jersey**

**MEMBERSHIP APPLICATION FORM**

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**GENERAL INFORMATION**

Registered company name \_\_\_\_\_

Trading name (if different from above) \_\_\_\_\_

Address at which business is carried out \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Work Number \_\_\_\_\_ Mobile No \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Date company was founded \_\_\_\_\_

Names of directors, partners or principals \_\_\_\_\_

\_\_\_\_\_

Number of staff (excluding principals employed) \_\_\_\_\_

Number of Apprentices \_\_\_\_\_

**TYPE OF OPERATION (all services provided by your company)**

(please tick as many as appropriate)

Franchise holder \_\_\_\_\_

Independent workshop \_\_\_\_\_

Used car dealer \_\_\_\_\_

Bodyshop \_\_\_\_\_

Petrol retailer \_\_\_\_\_

Tyre Centre \_\_\_\_\_  
 Finance House \_\_\_\_\_ (Affiliate membership)  
 Parts Factor \_\_\_\_\_ (Associate membership)  
 Breakdown Service \_\_\_\_\_ (Associate membership)  
 Other (please specify) \_\_\_\_\_

**DECLARATION**

Please accept my / our application for membership of the Jersey Motor Trades Federation. I / we understand that if my application is approved, I agree that my / our company be bound by the Code of Practice of the Federation.

**Name** (please print) \_\_\_\_\_

**Company** (please print) \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR JMTF GENERAL COUNCIL USE ONLY**

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**Company:** \_\_\_\_\_

<b>Subscription:</b>	Franchise Membership	£500.00 p.a.
	Standard Membership	£250.00 p.a.
	Associate Membership	£155.00 p.a.
	Affiliate	£500.00 p.a.

**Application Received:** Date \_\_\_\_\_

**Application Approved:** Signed \_\_\_\_\_

Date \_\_\_\_\_