



Associate Membership Application Form

Market & Street Traders



Proposer Details

PLEASE ANSWER ALL QUESTIONS USING BLOCK CAPITALS

Name in Full:

Address:

Phone:

Date of Birth:

Email Address:

Trading Name:

Affix Passport Photograph
or Photographic ID.

Goods / Services
Provided

Attach photo of stall
or market.
(Where possible)

1 Do you hold, or have you previously held, Employers /Public /Product Liability Insurance
for Market or Events ?

Yes No

2 Please Advise the number of stalls / markets owned / operated by you

Number of Stalls

Number of Markets Organised by you

3 Please advise the markets / events attended / operated by you.

4 Please Tick Type of Market / Markets.

Farmers Market.

Craft Fair.

Food Market.

Car Boot.

General Market.

Festivals.

Kiosk (Shopping Centres).

Music Event.

Other. (Please specify)

5 Benefits Include:

- . Access to Additional Business activities
- . Free Advertising on our Website
- . Information on Markets and Events Throughout Ireland and Europe.
- . Help and advice relating to Market Trading
- . Text Messaging Service for Members.

Signature:

Date:





ASSOCIATE MEMBERSHIP FORM



IOMST
101, Phibsborough Road,
Dublin 7
Tel: 01 8302271
Fax: 01 8603886
E-mail: Info@marketguide.ie
Web: www.marketguide.ie