

# visionbuxton

THE VOICE OF BUXTON



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Welcome to Vision Buxton, the voice of Buxton. Our aim is to bring together everyone who cares about what happens in Buxton and make it a better place to live, work, play and visit.

**Membership of Vision Buxton will give you:**

- **Presentations** on town issues, projects and developments.
- Monthly **e-newsletters** to keep you up-to-date with what's going on in the organisation, town and regionally.
- **Networking events** to further business and group relationships.
- **Social events** including tours, lunches and drinks.
- **Representation.** We represent our members on town steering groups and forums.
- **Consultation.** We'll let you know what's going on, canvass your opinion and pass it on to the decision makers.
- **Business listing** on the **Vision Buxton** website. ([www.visionbuxton.co.uk](http://www.visionbuxton.co.uk))
- **Enhanced listing** on the **Visit Buxton** website for relevant businesses. ([www.visitbuxton.co.uk](http://www.visitbuxton.co.uk))
- Member to Member **exclusive offers.**
- Inclusion in a range of **marketing initiatives and opportunities.**

**To join, or for more information, please contact us**



Email [administrator@visionbuxton.co.uk](mailto:administrator@visionbuxton.co.uk) Website [www.visionbuxton.co.uk](http://www.visionbuxton.co.uk)

**Vision Buxton** c/o Brooke-Taylors Solicitors, 4 The Quadrant, Buxton, Derbyshire, SK17 6AW

## Individual Membership Application Form

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**Contact Details:**

Name	
Address	
Phone Number(s)	
Email Address	

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**Membership Category****Annual Cost** (please tick)

Individual	£40.00	<input type="checkbox"/>
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**Member Referral.** If a current member has referred you to the organisation, please write their name here:

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**Permissions:**

I would like my contact details, as stated above, to appear on the Vision Buxton website (if no, just your name will appear) Yes  No

I would like to be kept informed via Vision Buxton's e-newsletter Yes  No

I agree to receive information, notices and formal communications by email Yes  No

I agree to be bound by the Memorandum and Articles of Association of Vision Buxton Yes  No

(Copy available by request from the administrator).

To pay via BACS:

**Bank:** Metro Bank PLC **Account Name:** Vision Buxton **Sort Code:** 23-05-80 **Account No:** 40212167

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SignatureDate

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