



Application Form Associate Membership

| | |
|---------------------------------|---|
| Name of Company: | |
| Contact Person: | |
| Telephone No.: | |
| Fax No.: | |
| Mobile Phone No.: | |
| Postal Address: | |
| Physical Address: | |
| Type of Business: | |
| Special Interest: (optional) | |
| Membership Fee | U\$500.00 per annum |
| Mode of Payment: | <input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Telegraphic Transfer |
| Signature: | |