



WALVIS BAY
CORRIDOR
G R O U P

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)	
Mode of Payment:	<input type="checkbox"/> Electronic Transfer <input type="checkbox"/> Telegraphic Transfer
Signature:	