

APPLICATION FORM

FULL MEMBERSHIP

We _____ (Company name) hereby apply for Full Membership and if elected, agree to abide by the Rules & Constitution of the Centre and set below information relating to the company.

ADDRESS:

.....

.....

TEL/FAX:

.....

MANAGING DIRECTOR OR CEO

NAME:

DESIGNATION:

PARENT COMPANY

NAME:

ADDRESS:

COMPANY INFORMATION

PRINCIPAL BUSINESS

ACTIVITIES:

PRODUCTS/SERVICES:

NO. OF EMPLOYEES:

COMPANY REPRESENTATIVE TO WORKING GROUP

NAME:

DESIGNATION:

I certify that the above information is true to the best of my knowledge

Signature:

Name:

Date:

FOR OFFICE USE

Receipt Date:	Check No.
Proposer	Seconder
Signature:
Name:
Company:
Election Date: