



APPLICATION FORM FOR MEMBERSHIP

**Dear Sir/Madame, please fill the application form below:**

Name:	<input type="text"/>		
Company name:	<input type="text"/>		
Address:	<input type="text"/>		
Post Box:	<input type="text"/>		
Phone/Fax:	<input type="text"/>		
E-Mail:	<input type="text"/>	WWW:	<input type="text"/>
Business sector:	<input type="text"/>		
Notes:	<input type="text"/>		

After we receive the filled application we will contact you with more information on the membership fees and payment details

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Location

Date

Stamp/Seal

Signature