

**APPLICATION FORM FOR MEMBERSHIP**

**Applicant:**

**Major Business Sector(s):**

**Address:**

1. **Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Building: \_\_\_\_\_\_**
3. **Area/Town:**
4. **Telephone: \_\_\_\_\_\_**
5. **Fax: \_\_\_\_\_\_**
6. **E-mail: \_\_\_\_\_\_**
7. **P.O. Box: \_\_\_\_\_\_**
8. **Private telephone numbers:**

**Mobile \_\_\_\_\_\_\_\_\_\_ Others \_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Signature:**

* **Please complete the application form by providing the following:**
* A copy of passport or identity card
* Membership fees equivalent to 1,000 USD (One thousand US Dollars)