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AFFILIATE MEMBERSHIP APPLICATION FORM

Company

Name:

Address:

Tel. No(s):

E-mail:

Website:

Social media:

(select applicable)

Contact person(s)

Primary contact

Name:

Position/Designation:

Tel. No(s):

E-mail:

Signature:

(only sign when you have completed all other sections of the form)

Other contacts you would like included in our newsletter/mailings to your organization (you can add more overleaf, where necessary)

Name:

Position/Designation:

Tel. No(s):

E-mail:

Name:

Position/Designation:

Tel. No(s):

E-mail:

Name:

Position/Designation:

Tel. No(s):

E-mail:

"How can we help you?"