

APPLICATION FOR MEMBERSHIP

Date:.....

TO THE SECRETARY
FREEPORT OPERATORS ASSOCIATION

We would appreciate becoming a member of the F.O.A. Please find enclosed our entrance fee of Rs 600/- and annual subscription of Rs 2,400/-

COMPANY NAME:

POSTAL ADDRESS:

.....

TELEPHONE: FAX:

E-MAIL:..... MOBILE:

*NAME OF REPRESENTATIVE:

TITLE OF REPRESENTATIVE:

FREEPORT OPERATOR SINCE:

FREEPORT LIENCE NO:

BUSINESS REGISTRATION NUMBER:

SIGNATURE OF APPLICAT:

NAME:

TITLE:

NOTE
Crossed cheques to be drawn to the name of the FREEPORT OPERATORS'S ASSOCIATION
Subscribing members (Companies) are to delegation one employee or shareholder as their representative.*

FOR OFFICE USE	
Submitted on.....	Secretary.....
Approved on:	President: