

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 LICENCE NO :

SIGNATURE OF APPLICANT :

NAME:.....

TITLE:

NOTE:

- Crossed Cheques to be drawn to the name of the **FREEPORT OPERATORS' ASSOCIATION**
- Subscribing members (Companies) are to delegate one employee or shareholder as their representative.*

FOR OFFICE USE

Submitted on

Secretary:

Approved on :

President :