

APPLICATION FOR CORPORATE MEMBERSHIP

(Please type or print)

Corporate Name In English:			
Address:			
P. O. Box No:	Telex No:_		
Tel. No:	Fax No:		
Nature of Business:			
Representative: [Entitled all re	ights and duties of Corporate Member of	this Association]	
1) Name: Mr/Ms	Title:	Title:	
Representative: [Entitled to en	njoy all the facilities provided by the Asso	ciation but without the voting right]	
1) Name: Mr/Ms	Title:	Title:	
2) Name: Mr/Ms	Title:		
Date:	Applicant's Signatur	e:	
	Firms, Companies, Associations, etc.):- 00; Annual Subscription MOP\$1,500.00		
	FOR ASSOCIATION RECORD	S ONLY	
Approved at the	Meeting of the	Council held on	
Membership No	Class:		

*Please submit the application form attached with copy of certificate of registration