

APPLICATION FOR MEMBERSHIP

(Please complete in block letters OR with Fill & Sign on Adobe Reader)

NATURE OF BUSINESS:

Grain	Feed	Milling	Financing	Distribution	Processing	Marketing	Other	
Include your company profile or qualifications with your application (if available)							If other, please specify	

FOR ORGANISATIONS:

Name of institution			
VAT number			
Physical address			
Office telephone no.			
<i>Person authorised to apply for membership</i>	<i>Name and Surname</i>	<i>Contact number</i>	<i>Email address</i>
<i>Contact person at accounts department</i>	<i>Name and Surname</i>	<i>Contact number</i>	<i>Email address</i>
Members representing your company (include authorised person if applicable)	<i>Name and Surname</i>	<i>Cell number</i>	<i>Email address</i>
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

FOR INDIVIDUALS:

Name and Surname			Title
Date of birth			
Physical address			
Office telephone no.	Cell number		
Email address			
Name and address of Employer/Business			
Present occupation			

DATE	SIGNATURE (of authorised person)

Proposer:	Signature:	Date:
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For office use only:

Date received:	Membership number:	
Application:	Approved	Ordinary Member
	Rejected	International Member

PRESIDENT

SECRETARY