

# MEMBERSHIP APPLICATION FORM

Main Contractor Member    Sub-Contractor Member    Supplier Member    Associate Member

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Registered Office: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Company Directors: \_\_\_\_\_

General Manager: \_\_\_\_\_

## PLEASE SUPPLY

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Company TIN Registration Letter | <input type="checkbox"/> FNPf Employer Number     | <input type="checkbox"/> Certificate of Company Registration |
| <input type="checkbox"/> Business License                | <input type="checkbox"/> Certificate of Exemption | <input type="checkbox"/> Workplace Registration Certificate  |

Corporate History:(Attach separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Stamp

Signature of Applicant: \_\_\_\_\_

Proposer: Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secunder: Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_