

APPLICATION FOR MEMBERSHIP

To: The Secretary
FREEPORT OPERATORS ASSOCIATION
2nd Fl - C/r Farquhar & Dr Sun Yat Sen Streets, Port Louis

DATE: _____

We hereby apply for membership to the Freeport Operators Association.

Please find enclosed our entrance fee of **Rs 1,000/=** and Annual Subscription Fee of **Rs 5,000/=**.

COMPANY NAME: _____

POSTAL ADDRESS: _____

TELEPHONE _____

EMAIL _____

NAME OF REPRESENTATIVE: _____ FAX _____

ALTERNATE REPRESENTATIVE: _____ MOBILE _____

FREEPORT OPERATOR SINCE: _____

FREEPORT LICENSE NO: _____

BUSINESS REGISTRATION NUMBER: _____

SIGNATURE OF APPLICANT: _____

NAME: _____

TITLE: _____

Note:

Payment to our MCB Account No. 000010341579 or Cheque to be drawn in favour of 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: _____