



APPLICATION FOR RELATED SERVICES MEMBERSHIP

Company Name: _____

Address: Postal: _____

Physical: _____

Telephone Number: _____ Facsimile: _____

Website address: _____

Address of Branch: _____
Offices (if any): _____

Date and Place of Incorporation: _____

Full Names of Directors or Partners: _____

Full Name of Chief Executive: _____

Email _____

Mobile _____

Deputy: _____

Email _____

Do you wish to receive email notifications and updates from CBAFF: Yes / No

Names of Authorised Representatives at Federation Meetings: _____

Nature of Business: _____

We hereby apply for Membership and do solemnly declare that all the information supplied above is true and correct and if admitted will undertake to support the Federation's objectives and abide by the Federation's Rules.

This application and declaration is signed in good faith by:

Signed _____

Date _____