

<b>APPLICATION FOR MEMBERSHIP</b>		
Date:		
Name of Organisation <sup>1</sup> :		
Address of Organisation :		
Tel <sup>2</sup> :	Fax :	E-mail :
Membership Type : Ordinary/ Associate/Honorary		
Person-To- Contact and Appointment <sup>3</sup> :		
Name of representative at AFMR and Appointment in Organisation <sup>4</sup> :		
Address <sup>5</sup> :		
Tel <sup>2</sup> :	Fax :	Mobile Phone :
E-mail		
<b>FOR OFFICIAL USE ONLY</b>		
Membership Fee Received : YES/NO		Date Received:
Approved : YES/NO		Date Approved:
Remarks		

Note:

1. Please attached Organisation's Constitution or Article of Association
2. For Tel and Fax number, please include the country code and Area code
3. This should be the person (usually a full-time staff) from the organisation that AFMR will liaise with for all administration matters. Please include his/her appointment in the organisation.
4. This should be the person representing the organisation on the AFMR board if elected. Please include his appointment in the organisation such as the President, Treasurer, etc
5. The personal address of the above representative. This should not be the organisation's address.