

Application form for Membership

For G3AM activities, please fill in the information of your company and the information of the member who will represent your company for G3AM activities as follows. This information is used for G3AM Member registration, so please write in English.

Company Information	
Company Name: (Registered Name in Full)	
Address:	
Country:	
Nature of Business:	
Company Type:	<input type="checkbox"/> PRIVATE <input type="checkbox"/> Public Listed <input type="checkbox"/> Professional Body <input type="checkbox"/> Statutory Body <input type="checkbox"/> Government Agency/Ministry <input type="checkbox"/> Embassy <input type="checkbox"/> Others _____

Authorized Representative			
(Is either the official contact person or voting contact of a company.)			
Signed by:			
Print name:		Date:	
Position:		Phone (Office):	
Email:		Phone (Mobile):	

Alternate Contact Information			
(People attending meeting and who can also have signing authority.)			
1. Please identify an alternate point of contact w/regards to your application for Partnership in G3AM.			
2. The alternate shall be copied on all membership-related correspondence sent from G3AM.			
Name:		Phone (Office):	
Position:		Phone (Mobile):	
Email:			