

**MEMBERSHIP FORM**

**ACIF - Membership Application Form**

Name of the applicant person/organization:

\_\_\_\_\_

Address:

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email:

\_\_\_\_\_

Status of person:(Individual, Company, Firm, Others -please specify)

\_\_\_\_\_

Membership Category Applied for:

(a) Full Member.

\_\_\_\_\_

(b) Associate Member

\_\_\_\_\_

Authorized Person of the Applicant

\_\_\_\_\_

Alternate Authorized Person

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature & Seal.

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

Designation: \_\_\_\_\_

N.B:

1. Submission of application form does not guarantee membership of the Association.
2. The Management Committee (ACIF) reserves the right to seek further information from the applicants, and decide about the membership category.
3. Submission of the application infers that the applicants have understood the by-laws of ACIF and undertake to abide by the by-laws and rules as amended from time to time.