

Application Form - Corporate Membership

PLEASE COMPLETE AND RETURN BY POST OR FAX

BUSINESS NAME

CHAIRMAN

MANAGING DIRECTOR / CEO

ADDRESS

TOWN / CITY

TELEPHONE

POST / ZIP CODE

FAX

COUNTRY

E-MAIL

**CORPORATE MEMBERS ARE ABLE TO NOMINATE THREE STAFF MEMBERS
TO RECEIVE THE INSTITUTE'S MAGAZINE NEWHORIZON**

FIRST NOMINEE

NAME

DESIGNATION

ADDRESS

TOWN / CITY

COUNTRY

POST / ZIP CODE

E-MAIL

SECOND NOMINEE

NAME

DESIGNATION

ADDRESS

TOWN / CITY

COUNTRY

POST / ZIP CODE

E-MAIL

