



## MEMBERSHIP APPLICATION FORM

### 1. COMPANY INFORMATION

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Website Address: \_\_\_\_\_  
\_\_\_\_\_

#### Legal Status

Limited Company

Partnership

Sole Trader

Trading Company: \_\_\_\_\_

Limited Company Name (if different) \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

Date of Incorporation (if different) \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Names of Directors/Proprietors: \_\_\_\_\_

### Declaration and Signature

This section should be completed by the Managing Director, Managing Partner or Principle only.

I declare that the information given in this application is true and complete. I understand that to process this application certain other items of information may be requested, (e.g. Terms of Business\*) as DMAI deems necessary in consideration of this application for membership facilities.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\*Any information supplied to DMAI will be treated with the strictest confidence.