

MEMBERSHIP APPLICATION FORM

Name of applying Organization

Registration number if available

Address

Province Town Code

Postal address Code

Tel: Code Fax Code

Email website

Contact Person Surname

Designation Cell

Explain briefly the work of your organization

Is your organization affiliated to another organization? If yes, Which organization?

How many active members of your organization

SAACSO has authority to accept or reject this application. In case of application rejected the joining fee will be refunded.