

ACIF - Membership Application Form

Name of the applicant / organization: _____

Address:

Tel: _____

Mobile: _____

Fax: _____

Email: _____

Status of applicant: (Please tick as appropriate)

Individual Firm Company
 Other (Please Specify) _____

Membership Category Applied for: (Please tick as appropriate)

(a) Full Member: Category 1 Category 2 Category 3

(b) Associate Member

*Authorized Representative of the Applicant

*Alternate Authorized Representative of the Applicant

Name: _____

Name: _____

Organization: _____

Organization: _____

Designation: _____

Designation: _____

Tel: _____

Tel: _____

Cell: _____

Cell: _____

E-mail: _____

E-mail: _____

Dated: [] [] / [] [] / [] []

Applicant's Signature & Seal.

Name: _____

Designation: _____

CNIC # [] [] [] [] [] [] - [] [] [] [] [] []

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.

ACIF is a non-profit Association registered with the Registrar of Societies.