

APPLICANTINFORMATION

Full Name (English):



MEMBERSHIP APPLICATION FORM

This application form is for INDIVIDUAL MEMBERS. Please submit it with a signed declaration to contact@siiforum.org.

Name (Your Local Language):				
Applicant Address				
City		State		
Post/zip code		Country		
Applicant Work Address				
City		State		
Post/zip code		Country		
Your website				
	l			
What category best describes ye	our Activity Field (pleas	e mark the appro	priate box and explain the details)?	
1.Agriculture and natural resource				
2.Health and Medical Services				
3.Mining and energy				
4.Food and textile products				
5.None metal and chemical products				
6.Metal products, Machines, tools				
7.Construction				
8.Accommodation services				
9.Transportation, post				
10.Public services				
Other (please specify)				





Please provide a brief description of your education, Innovation, experience and qualifications in reliance upon which the application is made:	Please provide a brief description of your primary activities in your Professional Fields.		
	Please provide a brief description of your education. Innovation, experience and qualifications in		





CONTACT DETAILS		
Primary contact for SIIF communications		
Title (Mr., Ms., etc.)		
Name		
Role (e.g. CEO)		
Email		
Phone		
P.A. email		
Office address (leave blank if same as HQ)		
Primary contact for invoicing of Membership fees (this person will be sent all Membership invoices)		
Title (Mr., Ms., etc.)		
Name		
Role (e.g. CEO)		
Email		
Phone		
P.A. email		
Office address (leave blank if same as HQ)		