

**CIFA Membership** (Ang 3000 a year)

**Contributor** (Ang 1000 a year)

Company Name \_\_\_\_\_

Number of Memberships \_\_\_\_\_

Name of the Representative(s) \_\_\_\_\_

\_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Website \_\_\_\_\_

Date DD \_\_\_\_\_ MM \_\_\_\_\_ YY \_\_\_\_\_

Authorized Signature