



Order for Membership List

Company : _____

Address : _____

Telephone : _____

Fax : _____

Contact Person : _____

Position : _____

E-mail : _____

	I will like to have the membership list of the current month	(\$200.00)
	I will like to have the membership list on monthly basis for one year	(\$1,500.00)

The order effective from month _____ for _____

Payment by cheque :

Bank	Cheque No.	Amount

Signed

Date