AFRICAN WATER ASSOCIATION

APPLICATION FORM FOR MEMBERSHIP

AFFILIATE MEMBER

***(Please fill in, print, sign, stamp, then scan and send it back by email along with the attached form already registered)***

1. ***Information concerning the Company***

Company Name: Click here to tap

Web Site: Click here to tap

Address: Click here to tap

City  : Click here to tap Country: Click here to tap

Tel : Click here to tap Mobile: Click here to tap

Fax : Click here to tap Email: Click here to tap

Number of employees: Click here to tap

Activity Sectors

Click here to tap

Quote some great achievements or important contracts of the Company *(****Optional****)*

Click here to tap

I the undersigned: Click here to tap

On behalf of and for the company: Click here to tap

Ask in the present application form, the adhesion of the above mentioned Company to the African Water Association as an Affiliate Member.

In return of the advantages related to this adhesion, my company engages to fulfill the obligations envisaged by the Statutes and the rules of procedure of the Association.

**Signed at** Click here to tap **On the** Click here to tap

.

***Signature and Stamp:***

1. ***Information concerning the head officer of the company***

Title:  

Last Name: Click here to tap First Name: Click here to tap

Occupation: Click here to tap

Tel: Click here to tap Mobile: Click here to tap

***(Direct Line)***

Fax: Click here to tap Email: Click here to tap

Position: Click here to tap

(*Actual*)

***Date and Signature of the head officer of the company***

***III- Information about the head officer representative for AfWA’s affairs* (1)**

Title:  

Last Name : Click here to tap First Name: Click here to tap

Occupation: Click here to tap

Tel: Click here to tap Mobile: Click here to tap

***(Direct Line)***

Fax : Click here to tap Email: Click here to tap

Position: Click here to tap

(*Actual*)

***Date and Signature of the representative***

***IV- Information about the finance officer for AfWA’s affairs* (2)**

Title: 

Last Name: Click here to tap First name: Click here to tap

Occupation : Click here to tap

Tel : Click here to tap Mobile: Click here to tap

***(Direct Line)***

Fax : Click here to tap Email: Click here to tap

Position: Click here to tap

(*Actual*)

***Date and Signature of the finance officer***

1. *Represent the head officer of the company, for AfWA’s affairs. He is copied all the mails sent to the head officer of the company and may represent him during AfWA’s statutory meetings*
2. *Contact person for monitoring the payment of contributions, registration fees to AfWA’s congresses and conferences.*