MEMBERSHIP FORM

For more information call +960 332 3228 Member Details Registered Business Name Number Issued By Issued Date **Expiry Date** Postal Address Post Code **GST TIN Number** Managing Director or Chief Executive Name Phone Mobile Fax **Email** Correspondence or Contact Information Name Designation Phone Mobile Fax **Email** Website * I agree to terms & conditions of MMPRC membership Name | Designation Date Stamp & Signature of the Company * Office use only Application Received Date Application received by Information Validated By Membership fee **Email Data Entered By** Date Sign **Publication Data Entered By** Date Sign Data Uploaded To Website By Date Sign All Data Checked By Date Sign

Approved Signature



Membership Number



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