



NATIONAL FEDERATION MEMBERSHIP APPLICATION FORM

Organization Name:		
Representative Name:		
Position:		
Mobile:		Email:
Organization Address:		
City:	County:	Postcode:
Applicant		Opinion of the APF
<p>We wish to apply as a member of Asian Pittu Federation (APF), and will comply with the statutes of APF and fulfill obligations of the class of membership.</p> <p>We have known the statutes and all regulations of APF, we promise to comply with these.</p> <p>_____ Sig. of Representative Date: _____</p>		<p>_____ Sig. of Director Date: _____</p>

- Note:**
- Use a black carbon pen to fill out the form; then scan and email.
 - Attach photograph, photo ID and address proof of the representative with the form.