

ASSOCIATION OF TEST PUBLISHERS OF SOUTH AFRICA (ATP)

APPLICATION FOR MEMBERSHIP

Name of Organisation	<input type="text"/>
Contact Person	<input type="text"/>
Position	<input type="text"/>
Postal Address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postal Code <input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>
Cell Number	<input type="text"/>
E-Mail Address	<input type="text"/>
Company Website	<input type="text"/>

May ATP make your contact details available to other ATP members? Yes No

I, the person whose details are listed above hereby apply for membership of the Association of Test Publishers of South Africa (ATP) and undertake to abide by the constitution of ATP.

Signature