

ASSOCIATION OF TEST PUBLISHERS OF SOUTH AFRICA (ATP)

APPLICATION FOR MEMBERSHIP

Name of Organisation

Contact Person

Position

Postal Address

Postal Code

Telephone Number

Fax Number

Cell Number

E-Mail Address

Company Website

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