



FULL MEMBERSHIP APPLICATION FORM

Company Information

Company Name.....
Street Address.....
Postal Address.....
Phone.....Fax.....
Email.....Website.....

CEO Contact Details

Title.....First Name.....Surname.....
Job Title.....
Direct Phone.....Mobile.....
Direct Fax.....Email.....

Membership Category (Please tick your category)

Category	Fee Component	Annual Fees US\$
Full member	Fixed Component	
	Variable Component based on business volume	
	Total membership fee	
	Non-refundable Administration fee	150

Please provide a brief description of your company
 (You can attach your Company Profile)

Please mark the box that best describes your business

<input type="checkbox"/> Railway operator	<input type="checkbox"/> Loco or Wagon manuf.& maintenance
<input type="checkbox"/> Logistics, Clearing & Forwarding	<input type="checkbox"/> Infra Construction & Maintenance
<input type="checkbox"/> Supplier	<input type="checkbox"/> Consultancy, Research, Training

On Behalf of my company I accept and agree to abide by the SARA Constitution, other rules of the Association and the fee structure stipulated above:

Name.....Position.....

Signature.....Date.....
