

**SLAAEC MEMBERSHIP APPLICATION FORM**

TYPE OF MEMBERSHIP APPLIED FOR (Please Tick):  
*(Membership Criteria is printed overleaf)*

ORDINARY  
 ASSOCIATE

1. Name of Air Express Company : .....
2. Registered Address : .....  
 : .....
3. Telephone Numbers: : .....
4. Fax No: : .....
5. Email Address: .....
6. Business Registration No. : .....  
 (Copy of Business Registration Certificate to be attached)
7. Date of Incorporation : .....
8. Issued Capital: : .....
9. Names of Share Holders : .....  
 : ..... : .....
10. Names of Directors; : .....  
 : ..... : .....
11. Name of CEO : .....
12. Network Represented in Sri Lanka : .....
13. Brand Name under which service in Sri Lanka is provided  
 : .....
14. Number of Countries where the Same Brand name is marketed \* : .....
15. Total No. of Staff employed IN Sri Lanka: .....
16. Name of Nominee to SLAAEC : .....
17. Name of Alternate Nominee to SLAAEC : .....

We the undersigned, on behalf of our company, seek membership in the Sri Lanka Association of Air Express Companies and undertake to abide by all the Rules of the Association presently in force and any Rules that are to come into force in the future.

.....  
 Chairman / MD / CEO Signature

.....  
 Date & Company Rubber Stamp

.....  
 Directors Signature

*\* Ordinary Members Only*