

CABASE MEMBERSHIP APPLICATION

Buenos Aires, 20.....

MEMBERSHIP CATEGORY

International Member

COMPANY DATA

COMPANY NAME:

Fantasy Name:

Address: ZIP:

City: Province/State: Country:

Telephone: Fax:

www..... E mail@.....

REPRESENTED BY

PRINCIPAL (NAME AND SURNAME):

Title: Cellphone: E-mail:

ALTERNATE (NAME AND SURNAME):

Title: Cellphone: E-mail:

BILLING INFORMATION

Complete if different from above)

COMPANY NAME:

Address: ZIP:

City: Province/State: Country:

PERSON RESPONSIBLE FOR RECEIVING THE INVOICES

NAME AND SURNAME:

Email to receive Electronic Invoice :

PERSON RESPONSIBLE FOR PAYMENTS

NAME AND SURNAME:

Direct Telephone E-mail: Office Hours:

PAYMENT MODE

CABASE Association annual Membership (Jan/Dec) - Prices are in USD Dollars

Other Services: MONTLY ANNUAL

DO YOU WISH TO ADD PARTICIPANTS OF YOUR ORGANIZATION TO OUR MAILING LIST?

<u>NAME AND SURNAME</u>	<u>MAIL</u>	<u>CELPHONE</u>	<u>AREA</u>

SIGNATURE:

WRITE NAME:

POSITION /TITLE:

E-MAIL