| Training Provider Membership Application | | |
| --- | --- | --- |
| Applicant Information | | |
| Company: | | |
| Year Established: | Num. Of Employees: | Tel: |
| Current address: | | |
| City: | State: | Fax: |
| Country: | ZIP Code: | Website: |
| Top management Information | | |
| Current CEO/G.M/Owner: | | |
| Address: | | Position: |
| Phone: | E-mail: | Fax: |
| Country | City/State: | ZIP Code: |
| business Information | | |
| Please specify type of business / industry | | |
| (i.g: Audit training /Technology training / ICT Training / Management training): | | |
|  |  |  |
|  |  |  |
|  |  |  |
| References (At least 3 Ref) | | |
| Client | Project / Services Delivered | Project Cost in USD $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Signatures | | |
| I authorize the verification of the information provided on this. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Seal of Company (only scanned of application) | |  |