| Training Provider Membership Application |
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| 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 $ |
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|  |  |  |
| 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) |  |