

Application for Membership

To:	Austrian Business Association – Singapore
Name:	
Designation:	
Company:	
Address:	
Phone:	Fax:
eMail:	
Category of Membership:	
o Ordir	nary Member
o Co	orporate o Associate o Discretionary
o Addit	ional Member
o Indivi	idual Member
We/I wish to apply for membership and we/I agree to be bound by the provisions of the Constitution and By-Laws of the Austrian Business Association.	
Signature:	
Date:	
Please enclose cheque or bank draft. If payment is remitted, please remit in full, free of all bank charges, the amount of \$\$ to the account no.: 01-0-837003-8 with Standard Chartered Bank, 6 Battery Road, Singapore 049909	