



## FULL MEMBERSHIP APPLICATION FORM

### Company Information

|                        |
|------------------------|
| Company Name.....      |
| Street Address.....    |
| Postal Address.....    |
| Phone.....Fax.....     |
| Email.....Website..... |

### CEO Contact Details

|                                       |
|---------------------------------------|
| Title.....First Name.....Surname..... |
| Job Title.....                        |
| Direct Phone.....Mobile.....          |
| Direct Fax.....Email.....             |

Membership Category (Please tick your category)

| Category    | Fee Component                               | Annual Fees US\$ |
|-------------|---|------------------|
| Full member | Fixed Component                             |                  |
|             | Variable Component based on business volume |                  |
|             | <b>Total membership fee</b>                 |                  |
|             | <b>Non-refundable Administration fee</b>    | <b>150</b>       |

Please provide a brief description of your company  
 (You can attach your Company Profile)

Please mark the box that best describes your business

|   |  |
|---|--|
| <input type="checkbox"/> Railway operator                 | <input type="checkbox"/> Loco or Wagon manuf.& maintenance |
| <input type="checkbox"/> Logistics, Clearing & Forwarding | <input type="checkbox"/> Infra Construction & Maintenance  |
| <input type="checkbox"/> Supplier                         | <input type="checkbox"/> Consultancy, Research, Training   |

On Behalf of my company I accept and agree to abide by the SARA Constitution, other rules of the Association and the fee structure stipulated above:

Name.....Position.....

Signature.....Date.....

\*\*\*\*\*