



Asia-Pacific Logistics Federation

APPLICATION FORM FOR ASSOCIATE MEMBERSHIP

INDIVIDUAL CATEGORY

(1) PERSONAL PARTICULARS:

(Ms/Mdm/Mr) Name: ID No:

Mobile No: Tel (Home):

Email Address (if any):

Date of Birth: Age: Nationality: Sex: **M / F**

Mailing Address (Home / Office) :

(2) Education Background (Please attach copies of certificates, where applicable):

Name of Institution	Certificate Awarded	Year

(3) Present Employment:

Name of company	Designation	Country	No. of years

(4) Previous Employment:

Name of company	Designation	Country	No. of years

(5) UNDERTAKING BY INDIVIDUAL:

I, (Name) _____, confirm that the above information is true and correct to the best of my knowledge at the time of this application. Any deviation of actual information can mean expulsion from membership by APLF.

.....
Signature

.....
Date

FOR OFFICE USE ONLY TO BE FILLED BY INDIVIDUAL COUNTRY ASSOCIATION

Amount PAID: _____ Application received on: _____

APPROVED BY: (Name) _____ Designation: _____

Duration of associate membership: **3 years** Date of Expiry of Membership: _____

Membership No: _____

Authorised Signature

Date

Terms & Conditions

- 1) The approval for the membership is subjected to approval by the country's association which is a member of APLF.
- 2) All fees to be paid to the APLF individual country's association. APLF will not accept by any fees paid by the company.
- 3) The duration of the membership is three years upon approval.
- 4) If the membership of the country association expires, the APLF membership will automatically expire.

Please submit application to: info@aplf.net