



Corporate Affiliate Membership Application Form

Name of company or organisation:

Division/Department (if applicable):

Your company or organisation's area of activity relevant to Unico:

(please attach samples of promotional literature if available)

Reason(s) for seeking affiliation:

Where, or from whom, did you learn about Unico?

Nominated contact:

Address:

Telephone Number:

Fax Number:

E:mail address:

Website address:

Signed:

Date: