



Membership Application

Name in Full: _____

Contact Person if organisation (Mr., Mrs., Ms., Miss.) _____

Mailing Address:	Business Address (if different):

Phone: _____ Mobile: _____

Fax: _____ Email: _____

Primary Condition of Membership

- 1) If **my / our** application is accepted, **I / we** agree to abide by the terms of your constitution.
- 2) **I am / we are, available / not available** to assist actively with the work of Transparency International Fiji.
- 3) **I am / we are** applying for membership in the category indicated below and **I / we** enclose a cheque for the relevant amount.

<i>(Tick as Applicable)</i>			<i>Source of Information</i>				
Corporate Member	\$350.00	<input type="checkbox"/>	Please indicate the name(s) of the person(s) who introduced you to Transparency International Fiji;				
Individual Member	\$50.00	<input type="checkbox"/>					
Family Member	\$75.00	<input type="checkbox"/>					
Civil Society	\$50.00	<input type="checkbox"/>	Is she or he a member	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Please Sign Your Application)

Signature	
Capacity if signing for an Organisation	
Date of Application	

NB. Applicants are asked to submit a short one to two page personal or company profile to facilitate the membership ratification process.

Please return completed form, with your subscription to: Transparency International (Fiji) Ltd., GPO Box 12642, Suva. Please call (679) 330 4702 for hand delivery information	For Office Use Only: Received: Approved: Receipt No:
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