

ORGANISATION MEMBERSHIP

APPLICATION FORM

Organisation membership is ideal for exclusive access to business and government leaders, greater influence in shaping IABC's advocacy efforts, increased branding, and potential representation on IABC's Board of Directors. For those researching the two-way street of Iran-ASEAN business relations, our Corporate membership offers a resourceful way to do so.

Organisation membership includes two Affiliate memberships for staff members. These representatives receive all relevant benefits and can play active roles at Iran-ASEAN Business Council.

Organisation membership provides discounted rates for additional memberships bought on behalf of staff. Additional personal memberships must still meet all eligibility requirements. Personal memberships paid for by the company remain the property of the company to be assigned to staff at their discretion.

The personal memberships purchased include all relevant benefits. Both the company and the individual staff will receive communications and information.

Payment Details - FULL PAYMENT MUST ACCOMPANY THIS FORM

ORGANISATION MEMBER	RM 3000			
Pricing for any additional Affiliat	om the date of payment. Organi es can be found below. Prices a		Affiliate memberships for staff.	
NO. MEMBERSHIP TYPE	SERGHIFS AND OFGRADE		ICE TOTAL	
Additional Affiliate mer	nbership (discounted rate)	RM1000		
TOTAL MEMBERSHIP FEE IN	NRM (GST INC.)		RM	
ACCOUNT NO: MAY BANK 564427513651 Dewan Perniagaan Ir	an Asean			
SPECIFY YOUR CLUSTER				
○ Architecture	O Art & Design	O Business Consaltancy	O Chemical & Petrochemica	
O Computer Science & IT	Construction & Civil	○ Cosmetic	C Education & Skill	
○ Energy	○ Finance & Banking	○ Food & Agribusiness	O Halal	
O Medical & Personal Care	○ Law & advocacy	Oil & Gas	O Palm Oil	
O Rubber & Latex	○ Textile & Fashion	○ Tour & Travel	Others	

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How to Apply

PLEASE COMPLETE CHECKLIST BEFORE SUBMITTING APP	PLICATION:	
Complete the company details in section below		
O Assign included 2 x Affiliate memberships to staff and have	them fill out their de	tails
 Have each staff member fill out a copy of the Affiliate det 	ails on page 3 or 4	and attach all relevant paperwork
Fill out payment details and attach full payment		
Company Details		
TYPE OF ORGANISATION:		
O Sole Trader		
OPartnership		
Company		
Other:		
BUSINESS NAME:		
SSM:		
POSTAL ADDRESS:		
	STATE	POSTCODE
BUSINESS EMAIL:		
BUSINESS PHONE:	BUSINESS FAX:	
DDIMARY CONTACT		
PRIMARY CONTACT		
Please select one person as the primary contact for future corresponder payments, staff changeovers etc. This person may or may not be one of		
CONTACT:	POSITION:	
EMAIL:	MOBILE:	
TERMS & CONDITIONS		
I hereby certify that the details submitted in this application are true and the <u>IABC Code of Ethics</u> if admitted.	correct. I agree to the	terms of the Constitution of the IABC and

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Staff Members - PLEASE FILL OUT A COPY OF THIS PAGE

This section is for staff members who are to be attached to the Organisation membership as Affiliate members. Fill out your contact details at the Organisation in the section below.

CHECKLIST:		
Fill out page 3 or 4 of the application form		
 Make sure to list your contact details at your place of b 	ousiness	
AFFILIATE DETAILS 1.		
	D- 0 D-4 0	0.00
TITLE: Mr Ms Mrs Miss	Dr Prof	Other:
GIVEN NAMES:		
FAMILY NAME:	DATE OF BIRTH:	
POSTAL ADDRESS:		
	STATE	POSTCODE
EMAIL:		
PHONE:	MOBILE:	
COMPANY DETAILS (Please note: this will be your primary cont	tact addrace)	
	act address)	
BUSINESS NAME:		
POSTAL ADDRESS:		
	STATE	POSTCODE
BUSINESS EMAIL:		
BUSINESS PHONE:	BUSINESS FAX:	
TERMS & CONDITIONS		
, E, allo di conto i i conto		
I hereby certify that the details submitted in this application are true at the IABC Code of Ethics if admitted.	nd correct. I agree to the	e terms of the <u>Constitution of the IABC</u> and
SIGNATURE/NAME:		DATE:

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CHECKLIST:

Staff Members - PLEASE FILL OUT A COPY OF THIS PAGE

Fill out page 3 or 4 of the application form

This section is for staff members who are to be attached to the Organisation membership as Affiliate members. Fill out your contact details at the Organisation in the section below.

Make sure to list your contact details at your place of business				
AFFILIATE DETAILS 2.				
TITLE:	Dr O Prof	Other:		
GIVEN NAMES:				
FAMILY NAME:		DATE OF BIRTH:		
POSTAL ADDRESS:				
	STATE	POSTCODE		
EMAIL:				
PHONE:	MOBILE			
COMPANY DETAILS (Please note: this will be your primary conta BUSINESS NAME: POSTAL ADDRESS:	act address)			
	STATE	POSTCODE		
BUSINESS EMAIL:				
BUSINESS PHONE:	BUSINESS FAX	(
TERMS & CONDITIONS I hereby certify that the details submitted in this application are true and the IABC Code of Ethics if admitted.	d correct. I agree t	o the terms of the <u>Constitution of the IABC</u> and		
SIGNATURE/NAME:		DATE:		



Iran-ASEAN Business Council Secretariat info@iabc.org.my www.iabc.org.my

MATRADE:

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