

APPLICATION FORM - ASSOCIATED MEMBER

1.- General Information

Organization: _____

Address: _____

City: _____

Country: _____ Postal Code _____

Name of President: _____

Name of General Manager: _____

Telephone: _____ Fax: _____

E-mail: _____ @ _____

Web Page: _____

Contact person and position: _____

2.- Your company is:

Public company

Private company

Other

Specify : _____

3.- Mention the majority shareholders: _____

4.- Year of incorporation of your company _____

5.- Turnover for the last two years:US\$ _____

6.- Number of employees: _____

7.- Area of activity:

Marketing

Advertising

Security

Equipment

Computing

Printing

Consulting

Promotional Materials

Others (specify) : _____

8.- Main Lottery clients _____

9.- Member of other Associations:

Yes

No

Specify: _____

Signature:

Position:

Date:

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