

OMANZ MEMBERSHIP APPLICATION FORM

Date of application	
Type of Membership Application (Display or Associate)	
Name of Organisation	
Primary daily business	
Date Established	
Number of staff	
Postal Address	
Street Address	
Phone (Business)	
Phone (DDI)	
Phone (Mobile)	
Email address	
Web site	
Registered Companies Name and number	
Name of proposed representative	
Signature of representative	