



MEMBERSHIP APPLICATION

Invoices for new membership fees will be generated once the application has been approved. The date of membership enrollment is the date of the announcement via our membership broadcasts not the date of payment. Membership dues for renewals will be based on the anniversary date of the enrollment date. Dues are non-refundable.

Incomplete applications will delay approval process. We will contact you upon receipt of the application. Please list three freight forwarders you have worked with as your references; generally they should be based outside your country.

COMPANY DETAILS

Company Name:	*
Business Type: CORP, LTD , LLP , Pvt Ltd. , Partnership , Single owner	*
Business Type Documentation:	
Main Office Address :	*
City :	*
State :	
Country :	*
Zip Code:	*
IEC Code or Courier address: (India only)	
Key Contact:	*
Position :	*
Telephone :	*
Fax :	
After Hours :	*
e-mail :	*
Website :	*
Additional Locations/ Branch Offices :	
Year business was started	*
Number of Employees :	*

LICENSES/CERTIFICATIONS

Copies of Corporate Certificates, Business Licenses and Government Identification of Company Principals are required to be sent to

Custom Broker	
NVOCC	Bond Number (if U.S.)
OTI (U.S. ONLY)	OTI License Number
ISO Certifies	ISO Certificate
FIATA	FIATA Certificate
IATA/CNS	Certification#
If India member of MTO	MTO # Copy MTO Certification
Other Membership Certification's	

COMPANY OWNERSHIP

Please list the individuals, entities, or other ownership structure of your company.

Name :	*
Percent Owned :	*
Name :	*
Percent Owned :	*
Name :	
Percent Owned :	
Capitalization :	*
(Specify Currency)	*

If Public : Stock Exchange :	
Shares Outstanding :	
Price :	
Currency :	

AFFILIATIONS

Please list any other private trade groups to which you belong :

BANKING INFORMATION

Bank Name :	*
Address :	
City :	
State :	
Country :	
Contact :	
Zip Code:	
Telephone :	
Fax :	
Account Number :	
Routing :	
Account Currency	

ACCOUNTING CONTACT

Contact Person :	*
Contact E-mail :	*
Phone :	*
Fax :	
Mobile Phone :	

FREIGHT FORWARDERS REFERENCES

(Must be at least three overseas references with whom you have done business with **outside** your local region.)

1. Company Name :	*
Type of Business :	
Contact :	*
City :	*
Country :	*
Phone :	
Fax :	
e-mail :	*
2. Company Name :	*
Type of Business :	
Contact :	*
City :	*
Country :	*
Phone :	
Fax :	
e-mail :	*

3. Company Name :	*
Type of Business :	
Contact :	*
City :	*
Country :	*
Phone :	
Fax :	
e-mail :	*

4. (Optional) Company Name :	*
Type of Business :	
Contact :	*
City :	*
Country :	*
Phone :	
Fax :	
e-mail :	*

Does your company maintain an E&O policy? *	
Underwriter :	

For the purposes of compiling for publication the combined total turnover of the group, please inform us of your annual revenues from freight forwarding activities (optional) :

Airfreight :	
Ocean Freight :	
Domestic Hauling :	
Warehousing :	
Custom clearance	
Name of Applicant :	*
E-mail :	*

THE FOLLOWING QUESTIONS MUST ALSO BE ANSWERED

Why do you want to become a member of the GLOBAL AFFNITY ALLIANCE? Please explain your reasons: *
What are your market/company strengths that will add value to the existing WCA members? *