

African Refiners Association Membership Form



COMPANY

Company Name : _____

Activity/Business interest : _____

Company turnover : _____

Address : _____

Active in the following countries : _____

Telephone : _____

Fax : _____

LIAISON AGENT

Name : _____

Title/position : _____

Email : _____

Telephone : _____

I confirm that my company wishes to become*

Member

Associate Member

* Please tick the appropriate box

of the ARA, and commits to adhere to the constitution and internal rules and regulations of the ARA.

Date : ____ / ____ / ____

Name : _____

Signature : _____