

THE REFINED SUGAR ASSOCIATION

APPLICATION FOR AFFILIATE MEMBERSHIP

1. Name of Organisation/Company applying for Affiliate Membership
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Address.....
.....Country.....Postcode.....
Telephone.....Fax.....E Mail.....

2. Name of Authorised Representative making this application
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3. Applicants business.....

4. How long Established.....
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5. Please list the countries in which your Organisation/Company operates.
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6. The Council require two references from Full Members of this Association to be submitted with this application.

7. We hereby confirm that this Organisation/Company, if elected to Affiliate Membership of The Refined Sugar Association, will abide by the Rules and Regulations of the Association.

-----Company
-----Stamp

Authorised Signatory