

THE SUGAR ASSOCIATION OF LONDON  
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 Sugar Association of London, will abide by the Rules and Regulations of the Association.

-----Company  
-----Stamp  
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Authorised Signatory