

MBF MEMBERSHIP APPLICATION FORM

	201	7/2018	
Name of Business/Organiza	ation:		
Contact Person and Design	ation:		
Registered Address:			
Postal Address: (if Different	from above)		
Tel:	Cell: _		
E-mail:			
/AT No:			
Type of Business: Public	Corporation Private 0	Corporation Partnership	Sole Partnership
MEMBERSHIP FEE FREE	ANNUAL REN	l II	
Nature of Business:			
Sector / Industry:			
Names of up to 2 persons (	with designations) nominate	ed to receive the benefit of in	dividual membership:
Name and Surname	Position	E-mail Address	Cell No.
		_	
Signature		Date	•••••

## **Membership Benefits**

- Appoint representatives from the Business as individual members are offered opportunities for personal growth and development through MBF activities
- Participate in MBF Sector / Industry association
- Participate in a variety of events and forum that create a strategic and highly effective marketing network that include top politicians, Government officials, senior business executives and key business associates. Among these events are:
  - o MBF quarterly Chairman Breakfast
  - o MBF Annual Corporate Update Dinner; and
  - o BMF AGM & Achievement Awards Dinner

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