



CNBA Membership Application Form

Membership Category

Founding Member Corporate Member Individual Member

Applicant Information

Name: _____

Company Name (if applicable): _____

Title: _____ Industry Sector: _____

Contact Information

Mobile: _____ Email: _____

Business Address: _____ Website: _____

Corporate Information (For Corporate Members Only)

Business Registration No.: _____ Year Established: _____

Brief Company Description: _____

Purpose of Application

Please briefly state your reason for applying: _____

Referrer Name (Optional): _____

Membership Declaration: I confirm that:

- The information provided is accurate. I agree with the mission and bylaws.
 I agree to abide by the Association rules.

Signature: _____ Date: _____