

Application Form for Membership of AGOA

NO. _____

Full Name of Applicant					
Detailed Address and Zip Code					
Legal Representative		Compony Telephone		Bussiness License Number	
Contacts		Telephone		E-mail	
Unit Nature	<input type="checkbox"/> Enterprise <input type="checkbox"/> University & College <input type="checkbox"/> Research Institution <input type="checkbox"/> Others (Please label) _____				
Introduction to the Applicant					
Confirmation	<p>The performing party promise that it voluntarily join the AGOA, and will abide by the Alliance's Articles of Association, and actively perform the rights and obligations as the Alliance members.</p> <p>Signature: _____ Seal: _____</p> <p style="text-align: right;">Date: y/ m/ d</p>				

Remark: 1. The legal representative and contact person in the form can be the same person.
 2. The enterprise shall submit a copy of its business license and affix its official seal as the application materials for membership.