

MEMBERSHIP SUBSCRIPTION FORM

The completed form shall be returned accompanied by your payment to the ZAM Secretariat on the address stated at the bottom of each page.



MEMBER DETAILS

Organization Name :	<input style="width: 100%;" type="text"/>																	
Organization Description <i>(Please tick appropriately)</i>	<input type="checkbox"/> Corporate Individual <input type="checkbox"/> Group of Companies (2-4) <input type="checkbox"/> Group of Companies (5 or more)	<input type="checkbox"/> Small (Annual turnover of 0-300 Thousand)	<input type="checkbox"/> Medium (Annual turnover of 301- 800 Thousand)	<input type="checkbox"/> Large (Annual turnover of 801 Thousand or more)														
Sector Classification:	<input style="width: 100%;" type="text"/>																	
Physical and Postal address : <i>(state that of controlling company in case of group)</i>	<input style="width: 100%; height: 100%;" type="text"/>																	
	District: <input style="width: 200px;" type="text"/>	Province: <input style="width: 150px;" type="text"/>																
	Fax: <input style="width: 200px;" type="text"/>																	
	Telephone & Mobile No. <input style="width: 200px;" type="text"/>																	
	Email: <input style="width: 200px;" type="text"/>																	
Name, designation and mobile contact of principal officers	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Designation</th> <th style="width: 33%;">Mobile No.</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td>Managing Director</td> <td style="width: 100px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td>General Manager</td> <td style="width: 100px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td>Financial Controller</td> <td style="width: 100px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td>Marketing Manager</td> <td style="width: 100px;"></td> </tr> </tbody> </table>			Name	Designation	Mobile No.		Managing Director			General Manager			Financial Controller			Marketing Manager	
Name	Designation	Mobile No.																
	Managing Director																	
	General Manager																	
	Financial Controller																	
	Marketing Manager																	
Company liaison person:	Name <input style="width: 150px;" type="text"/> Designation <input style="width: 150px;" type="text"/> Telephone & Mobile No. <input style="width: 200px;" type="text"/> Email: <input style="width: 200px;" type="text"/>																	

SERVICES








What services are you likely to be most interested in?
(Please tick appropriately)

- Advocacy, lobbying and mobilization
 Marketing facilitation
 Research and Information
 Peer endorsement; recognition and rewards
 Capacity building, productivity enhancement and value addition support

Other (Please specify):

SUBSCRIPTION STRUCTURE

(see attachment for category benefits):

CATEGORY	MEMBERSHIP TYPE/ DESCRIPTION	ANNUAL SUBSCRIPTION	Tick Where Appropriate
 DIAMOND	Corporate (Individual)	ZMW 10,000.00	
	Group of Companies (2-4)	ZMW 15,000.00	
	Group of Companies (5 and above)	ZMW 20,000.00	
 PLATINUM	Corporate (Individual)	ZMW 7,500.00	
	Group of Companies (2-4)	ZMW 12,500.00	
	Group of Companies (5 and above)	ZMW 15,000.00	
 GOLD	Corporate (Individual)	ZMW 5,000.00	
	Group of Companies (2-4)	ZMW 10,000.00	
	Group of Companies (5 and above)	ZMW 12,500.00	
 SILVER	Corporate (Individual)	ZMW 2,500.00	
	Group of Companies (2-4)	ZMW 7,500.00	
	Group of Companies (5 and above)	ZMW 10,000.00	
 BRONZE	Corporate Individual	ZMW 1,000.00	
 ZAM ASSOCIATE	ZAM Executive Associate	ZMW 10,000.00	
	ZAM Associate	ZMW 5,000.00	
 ZAM AFFILIATE	Industry Associations and Cooperatives	ZMW 1,000.00	

DECLARATION

Declarant name and designation

Declaration:

Acknowledging that all the information provided herein are correct to the best of my knowledge and ability, we hereby agree to join Zambia Association of Manufacturers under the stipulated terms, regulations, mandate, privileges and rights of a member as stipulated in the Association's constitution and any other by-laws thereof determined from time to time.

Signature:

Date:

For official use only (do not write below)

Membership application vetted by:	<input type="text"/>																					
Approved:	<table border="1"><tr><td>┌</td><td></td><td>┐</td><td></td><td>┌</td><td></td><td>┐</td></tr><tr><td></td><td></td><td></td><td>Date:</td><td></td><td></td><td></td></tr><tr><td>└</td><td></td><td>└</td><td></td><td>└</td><td></td><td>└</td></tr></table>	┌		┐		┌		┐				Date:				└		└		└		└
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			Date:																			
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Membership Validity:	Valid from :	Due Date:																				



WHY JOIN ZAM?

ZAM will offer you professional representation and effective advocacy to Government authorities on issue affecting your business as well as timely, relevant information, programmes and support superior quality and value. ZAM will also provide you opportunities for networking, learning and professional growth and will be a reference point for advisory services that facilitate key business decisions for you.

If you want to be part of the Manufacturing voice, then ZAM is the place to be!

CONTACT US

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www.zam.co.zm