

# MEMBERSHIP FORM

City and date

Company name:

NIT:

Legal representative:

E mail:

Assistant:

E mail:

Representative to the ACM:

E mail:

Assistant:

E mail:

Main Address:

City:

Phone:

Tell what kind of activity is your business (you can select more than one option).

Exploration  Farm  Profit and / or marketing  Advice and / or consultancy  Service Provider

Another related to mining ¿Which? \_\_\_\_\_

Mineral type \_\_\_\_\_

Investment type: National:  Foreign:  Mixed:

Commercial reference  Bank reference  Membership fee value: \_\_\_\_\_