

MEMBER NO. :

## MEMBERSHIP APPLICATION FORM FOR ASSOCIATION OF FRUIT JUICE INDUSTRY (MEYED)

PHOTOGRAPH

## TO THE CHAIRMANSHIP OF MEYED BOARD OF DIRECTORS / ISTANBUL

	tend to become a member of the Astormation. Respectfully.	ssociation of Fruit Juice Industr	y. Kindly
DATE:	NAME AND SURNAME:	SIGNATURE:	
1. <u>IDENTITY INFO</u>	RMATION	2. BIRTH RECORD	
FATHER'S NAME	:	PROVINCE/ DISTRIC	CT :
MOTHER'S NAME	:	BOROUGH/VILLAG	Е :
PLACE OF BIRTH	:	TOME	:
DATE OF BIRTH	:	SHEET :	
IDENTITY CARD	:	REGISTER OF LOG	:
NATIONAL ID NUM	BER :		
3. MEMBERSHIP STATUS: CORPORATE		「INDIVIDUAL	
4. COMPANY NAM	E :		
5. POSITION	:		
6. WORK ADDRESS			
	PHONE:	FAX:	E- MAIL :
7. HOME ADDRESS	:		•••••
	PHONE:		•••••••••••••••••••••••••••••••••••••••
*(TO BE LEFT BLAN	NK)		
DATE OF MEMBERSHIP APPROVAL :		MEYED CHAIRMAN	:
RESOLUTION NUMBER :		SIGNATURE	: