

C.A.S.L.E

Commonwealth Association of Surveying and Land Economy



# Associate Membership Form (Group)

Name of Organisation.....

Address.....

.....

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Tel.....Fax.....

E-mail.....

Nature of Organisation i.e. academic, professional, commercial

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Description of main activities.....

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Approx. No. of people employed.....

Other relevant information.....

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Name of contact.....

Being sympathetic to the aims and objectives of CASLE we apply for Associate Membership and undertake to respect the constitution and rules of CASLE.

Membership fee (to be mutually agreed) will become payable on 1 May of each year.

Signed.....Date.....

Position.....