



Anti-Smoking International Alliance

London, United Kingdom | Charity No.: 1004061

Membership Form

Corporate/Organization (fees: £100 annually)

The application shall be completed by the Head, President or an authorised representative of the Association Society/Organisation/Industry

Organization Name: _____

Organization's Activities: _____

Representative Name: _____

Individual (fees: £20 annually)

Full Name: _____ Position: _____

Qualifications: _____ Nationality: _____

Contact Details:

Tel: _____ Mobile: _____

Fax: _____ Email: _____

Address: _____

Country Residence: _____ Subscribe to the mailing list: Yes No

Payment:

Cash Transaction Number (to be filled by the alliance officer): _____

Card Payment

Visa Master Card

Card Number:

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CVV Code:

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 Expiry Date: _____

Name on Card: _____ Signature: _____