

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: _____