

ASOSAI Admission Application Form

I, on behalf of the SAI of -----, hereby apply for ASOSAI membership and agree to fulfill its obligations.

I also agree that ASOSAI's official language is English.

Signature of the head of SAI

Date	
Name of Head of SAI	
Title of head	
Name of SAI	
Address	
Telephone	
Fax	
E-mail	
Home page address	
Name and title of the Contact Person in charge of the International Affairs	