

## INDIVIDUAL MEMBERSHIP APPLICATION FORM

This application form is for INDIVIDUAL MEMBERS. Please submit it with a signed declaration and an organisation chart to [contact@siiforum.org](mailto:contact@siiforum.org)

APPLICANT INFORMATION			
Name (English):			
Name (Your Local Language):			
Applicant address			
City		Prov/State	
Post/zip code		Country	
Business/ Industry Scope:		Applicant Work Address	
City		Prov/State	
Post/zip code		Country	
Your website			

What category best describes your Activity Field (please mark the appropriate box and explain the details)?	
1. Agriculture and natural resource	
2. Health and Medical Services	
3. Mining and energy	
4. Food and textile products	
5. None metal and chemical products	
6. Metal products, Machines, tools	
7. Construction	
8. Accommodation services	
9. Transportation, post	
10. Public services	
Other (please specify)	
If you do <b>not</b> want this information displayed on the UNSHP website please mark this box	

Please provide a brief description of your primary activities in your Professional Fields.

Please provide a brief description your education, Innovation, experience and qualifications in reliance upon which the application is made:

## YOUR REASONS FOR BECOME A MEMBER

Why have you applied to become a SIIF Member?	Significance (1= high, 4 = low)			
	1	2	3	4
Personal interest				
Job Preference				
Reputational benefits				
Other (please specify)				

What benefits do you see to becoming a Member?	Significance (1= high, 4 = low)			
	1	2	3	4
Indicate my commitment to Investment Promotion				
Gain understanding of good practice in implementing Investment Health				
Collaborate with other Members				
Participate in events and networks with like-minded organisations				
Contribute to the development and participate in discussion of good practice				
Other (please specify)				

## HOW DID YOU HEAR ABOUT THE SIIF?

Please tick

After direct contact with a SIIF representative	
From a SIIF Members	
From a current or potential client	
After seeing SIIF in social media	
At an event (please specify)	
Other (please specify)	

## CONTACT DETAILS

### Primary contact for siif communications

Title (Mr., Ms., etc.)

Name

Role (e.g. CEO)

Email

Phone

P.A. email

Office address (leave  
blank if same as HQ)

### Primary contact for invoicing of Membership fees (this person will be sent all Membership invoices)

Title (Mr., Ms., etc.)

Name

Role (e.g. CEO)

Email

Phone

P.A. email

Office address (leave  
blank if same as HQ)