

## MEMBERSHIP FORM

We wish to join the Sponsors' Alliance for the period through to the 31<sup>st</sup> December 2009 at the cost of £160

Name of Association .....

Name of primary contact .....

Signature of primary contact .....

Date .....

Tel .....

Email .....

Website .....

Address

.....  
.....

On receipt an invoice / receipt will be issued for the subscription amount.

Please return this form to  
Mark Roelofsen,  
Secretary, Sponsors' Alliance  
c/o Alaska Events  
801 Alaska Buildings  
61 Grange Road  
London  
SE1 3BG

Or

Fax 020 7394 1060