**ZPBA CORPORATE MEMBERSHIP APPLICATION FORM**

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| --- | --- |
| Company/Institution Name  | ....................................................................................................................................................................................................................................... |
| Contact email | ............................................................................. |
| Alternative email | ............................................................................. |
| Contact phone | ............................................................................. |
| Alternative phone | ............................................................................. |
| Nature of Business/Operations | ................................................................................................................................................................................................................................. |
| Contact Person  | ............................................................................. |
| Contact person phone | ............................................................................. |
| Contact person email  | ............................................................................. |
| What do you wish ZPBA do for you? | ....................................................................................................................................................................................................................................... |
| What can you do for ZPBA? | ....................................................................................................................................................................................................................................... |
| Other remarks | ....................................................................................................................................................................................................................................... |
| Date............................. | Signature of applicant: ............................................................... |