



WASTES MANAGEMENT SOCIETY OF NIGERIA

Green Park, Shehu Shagari Way by Kashim Ibrahim Way, Opposite OAU Quarters, Maitama, Abuja

CORPORATE MEMBERSHIP APPLICATION FORM (FRESH/TRANSFER)

PLEASE COMPLETE IN BLOCK CAPITALS AND BLACK INK

SECTION 1 - CORPORATE INFORMATION

NAME:	CAC Reg. No:
	Date of Reg.:

E-mail:	www:
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Tel:	Fax:
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Address:	No. of Staff	
	Admin.	
	Tech.	
	Snr.	
	Jnr.	

Names of Reps, their Qualifications and Designation			
	Names of Rep.	Qualification	Designation
1			
2			
3			
4			
5			

If you are applying to transfer to a higher class of membership please state:

Membership No:	Current Class:	New Class:
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MEMBERSHIP CLASS/NO. OF REPRESENTATIONS:
PLATINUM: 5 **GOLD: 3** **SILVER: 2**

A - Industry Sector

Please tick the box which best describes the industry sector in which you work (Please tick ONE box only).

- 1. Consultancy
- 2. Waste Collection/Treatment/Disposal - Private Company
- 3. Waste Collection/Treatment/Disposal - Local Authority/ Public Company
- 4. Wastes Regulation (Environment Agency/SEPA, DPR, etc)
- 5. Wastes Producer
- 6. Recovery
- 7. Health Authority
- 8. Plant/Equipment Manufacturer or Supplier
- 9. Education
- 10. Others (specify):

B - Area of Activity

Please tick the boxes which best describes your main areas of activity (Please tick a maximum of three only).

- 1. Waste Producer
- 2. Wastes Collection
- 3. Transport
- 4. Wastes Treatment
- 5. Incineration
- 6. Recycling
- 7. Composting
- 8. Landfill
- 9. Wastes Policy/Planning
- 10. Education
- 11. Health and Safety
- 12. Radioactive Wastes
- 13. Plant Hire
- 14. Manufacture/supply of vehicles/equipment

Name _____

Signature _____

Designation _____

Date _____