



APPLICATION FOR MEMBERSHIP

Business Type	Casino Operator	Supplier / Legal	Event Organiser	Educator
Please delete as appropriate	Band A - H	Band E	Band F	Band G

Name of Applicant Company:

Principal Address or Registered Office:

Telephone:

Fax:

E-mail Address:

Names & addresses of licensed casinos:

I, the undersigned, being the person or a Director of the Company named above, undertake to comply with the Bye-laws, Regulations and Codes of Conduct of the National Casino Industry Forum:

Signature

Date:

Please submit your completed membership form to:

Tracy Damestani
Forum Director
National Casino Industry Forum
38 Grosvenor Gardens
London, SW1W 0EB