



**APPLICATION FORM
FOR A.O.A. MEMBERSHIP**

Type of Membership applied for:-

- Full Member
- Associate Member
- Individual Member

1. Office or Person Applying:

2. Details of Office:

3. Address:

4. Telephone: _____

Fax: _____

Email: _____

Website: _____

5. Documents attached:

6. Other information that may be of assistance with communication:

7. I declare and affirm as follow:

- (i) I have read and am cognizant of the requirements of the Bye-Laws of the Asian Ombudsman Association insofar as they apply to matters of Memberships.

(ii) That the office applying for membership meets the requirements listed under Bye-Law 5.

(iii) That the attached information confirms eligibility for Membership.

And I make this solemn declaration by virtue of the law applicable to the State or place of the Applicant's domicile.

Declared at _____

Before me _____

Signature (Applicant) _____

Signature _____

Title (Designation of Office) _____

Title _____