



Membership Application Form

Company	<input type="text"/>
Contact Person	<input type="text"/>
Address	<input type="text"/>
ID No.	<input type="text"/>
Liveboard Name	<input type="text"/>
Liveboard Name	<input type="text"/>
E-mail	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Mobile	<input type="text"/>

By filling this participation form, I / we agree to be a member of LAM.

membership fee : MVR 4500 or Equivalent in USD

More info : 330 0640 , email : admin@liveboardassociation.mv

Name: _____

Signature

Stamp

Mailing Address :
Liveboard Association of Maldives
M. Kuvarik 2nd Floor , Orchid Magu, Male' 20257
Maldives

Contact :
Phone : +960 330 0640
Fax : +960 330 0630
Email : admin@liveboardassociation.mv
Website : www.liveboards.mv