

# I-TRAN REGISTRATTION FORM



## New member Application (organisation)

In order for your organisation to register as a member with I-TRAN please fill out the following form:

CONTACT PERSON 1	
Position	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Direct phone number	<input type="text"/>

CONTACT PERSON 2	
Position	<input type="text"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Email Address	<input type="text"/>
Direct phone number	<input type="text"/>

YOUR ORGANISATION	
Official Organisation Name	<input type="text"/>
Preferred name to appear on the website	<input type="text"/>
Charity overview - please summarise purpose of your organisation (maybe placed on our website)	<input type="text"/>
LOGO	Please email a jpg or GIF of your logo to <a href="mailto:admin@i-tran.org">admin@i-tran.org</a>
Registered Address	<input type="text"/>
Postal Address	<input type="text"/>

## I-TRAN REGISTRATION FORM

Fax	<input type="text"/>
Website	<input type="text"/>
General Public Email Address	<input type="text"/>
General Public Phone Number	<input type="text"/>

Charity overview - please summarise purpose of your organisation (maybe placed on our website)