



The International Coalition Against Prohibition

Application for Associate Membership

We desire to be enrolled as an Associate Member of the above Company and have our organisation's name placed on the Register of Members.

We declare that we accept the basis and values of the Company, and that we support its Objects.

We agree to be bound by the Memorandum and Articles of Association for the time being; and in the event of the Company being wound up during the period of our Membership (or within one year after we cease to be a Member) to contribute a sum not exceeding £1 in accordance with the said Memorandum and Articles of Association.

SIGNED:

DATE:

ORGANISATION'S FULL NAME (BLOCK LETTERS)

ADDRESS:

There is no actual fee for Associate Membership which carries no voting rights.

Please return this form to: info@antiprohibition.org