AUGOS
Association of Uganda Oil
& Gas Service Providers

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MEMBERSHIP APPLICATION FORM

Full name of Individual/ Corporate Body _____

Postal Address _____

Phone Number _____

Website _____

Email Address _____

Nature of Business _____

Contact person _____ Designation _____

Registration No. _____ VAT No. _____ TIN number _____

List of local directors.

_____

_____

_____

_____

Full name _____

Business name _____

Type of Membership: Corporate ☐ Individual ☐ *(Tick where applicable)*

Signature: _____ Date: _____

Please scan this form and return it to us by email at admin@augos.org | Phone: 077 5 107 355