

# ENVIRONMENTAL SERVICE PROVIDERS ASSOCIATION (ESPA)

### **COMPANY MEMBERSHIP FORM**

Part A				
Date				
1.Company Name Messrs:				
2.Location:				
3.Region: District:				
4.Areas of Operations				
5.Address:				
6. Sector of Operations: (a) Solid Waste (b)Liquid Waste (c)Recycling (d) Hospital				
and Industrial Waste (e) Landfill Operators (f)Janitorial Services (h)Others				
7.C.E.O / MD:				
8.EmailTelephone				



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### Part B

<b>ESPA</b>	Membership Form			
I submit that our company Messrs:				
Will b	e a full member of ESPA and wil	l contribute fully to its ac	tivities.	
Author	rized representatives for company	are:		
1.	Name	Designation	 Tel	
2.	Name	Designation		
<b>ESPA Members' Endorsement:</b> In accordance with our <i>Constitution Section 3.2 (i)</i> an application for membership of the ESPA shall be in the prescribed form and supported by <i>2 (two)</i> members who immediately prior to the adoption of our <i>Constitution</i> were members of the ESPA.				
1.				
	Organization	Contact	Signature	
2.				
	Organization	Contact	Signature	
Thank	you			
Man	aging Director / C.E.O			



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Tel: 0540 122 338/9. Email:espa544@yahoo.com. info@espaghana.com, Website:www.espaghana.com