



Asia Pacific Lottery Association

Application for APLA Associate Membership

Organisation:

Registered name: _____

Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Telephone: _____

Fax: _____

Website: _____

Head of Organisation:

Name: _____

Title: _____

Telephone: _____

Email: _____

Primary Contact Person:

Name: _____

Title: _____

Telephone: _____

Email: _____



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1. Legal Status:

Public Corporation (listed company)

Private Ownership

Other (please specify) _____

2. Shareholders:

Please list all shareholders with more than 10% ownership.

3. Year Established: _____

4. Number of Employees: _____

5. Main area of gaming-related business:

online gaming systems

terminals and IT equipment

video lottery terminals

interactive solutions

telecommunications

others (please specify):

game design

ticket printing

POS equipment

drawing machines

consulting

6. Name of the APLA Full Member that has recommended your application:

I authorise the Asia Pacific Lottery Association to verify the information provided and the financial stability of the organisation, and to investigate any previous business ventures by the organisation, its officers or directors.

Name: _____

Title: _____

Date: _____

Signature: _____



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Application Checklist:

Please return the following documents to the address below:

- The two page application form, completed and signed
- A copy of incorporation documents
- A copy of the previous fiscal year's audited financial statements
- A recommendation letter from an APLA Full Member

APLA Secretariat Administrator
Asia Pacific Lottery Association
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111, Jalan Pudu,
55100 Kuala Lumpur.
Malaysia

www.asiapacific-lotteries.com