

MEMBERSHIP FORM

Date: _____

Company Name: _____

Company Address: _____

Company Representative: _____

Job Title: _____

Phone Number: _____

Email Address: _____

Website: _____

Number of Employees: _____

MEMBERSHIP TYPE (Tick 1)

- ❖ Corporate Member (Companies and Businesses)
- ❖ Affiliate Member (NGOs and Associations)

TYPE OF BUSINESS (Tick and fill as appropriate)

❖ Battery Manufacturer	<i>Brands</i> _____	<i>Annual Quantity</i> _____
❖ Battery Importer	<i>Brands</i> _____	<i>Annual Quantity</i> _____
❖ Used Battery Recycler		<i>Annual Quantity</i> _____
❖ Used Battery Collector		<i>Annual Quantity</i> _____

I certify that I understand the responsibilities of the Alliance and declare that I will comply with the Extended Producer Responsibility Programme and the Environmental Standards, Policies, Regulations and Guidelines for the battery sector.

Name _____	Signature _____
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PLEASE RETURN FORM TO:
 Alliance for Responsible Battery Recycling – FF8, 1st Floor, Rhema Mall, Jahi – Gwarinpa Expressway, Abuja – Nigeria.

PRIVACY STATEMENT:
 All information collected will be used solely for the purposes of establishing membership details and for data management.

Annual Membership Fees for the Battery Alliance

❖ Battery Producers (Manufacturers/Importers)	N250,000
❖ Used Battery Recyclers	N150,000
❖ Used Battery Collectors	N100,000
❖ Affiliate Members (NGO's and Associations)	N200,000

All Payments to:

**Alliance for Responsible Battery Recycling
First City Monument Bank (FCMB)
6047509019**

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