



## APPLICATION FORM – MIA MEMBERSHIP PRIVILEGE SCHEME PARTNER

Fill in this application form and send it by email on [info@miamalta.org](mailto:info@miamalta.org)

### Privilege Scheme Partner

Name of Business \_\_\_\_\_

General email address \_\_\_\_\_

Website \_\_\_\_\_

Address

Telephone Number

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### Offer

Offer \_\_\_\_\_

Terms and Condition \_\_\_\_\_

### Contact Person

Name & Surname \_\_\_\_\_

Email \_\_\_\_\_

Telephone number \_\_\_\_\_

Address \_\_\_\_\_

### For Office Use Only

Website upload

Smartphone app upload

Date \_\_\_\_\_

By Whom \_\_\_\_\_