



Independent
Freight
Forwarders
Alliance

MEMBERSHIP APPLICATION

Branch Office Application

COMPANY DETAILS

Company Name: (Branch)	*
Branch Office Address :	*
City :	*
State :	
Country :	*
Zip Code:	*
Key Contact :	*
Position :	*
Telephone :	*
Fax :	
After Hours :	*
e-mail :	*
Website :	*

Branch OWNERSHIP

Please list the individuals, entities, or other ownership structure of your Branch.

Name :	*
Percent Owned :	*
Name :	*
Percent Owned :	*
Name :	
Percent Owned :	
Capitalization :	*
(Specify Currency)	*