* **Membership Registration Form**

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| **Business/**  **Organization name** |  | | |
| **Business address** |  | | |
| **City** |  | **State/ Province** |  |
| **Postal/ Zip code** |  |
| **Type of business**  **(Category(s)/Item(s))** |  | **Business size** |  |
| **Name**  **(Primary contact)** |  | **Title/ Position** |  |
| **Contact NO** |  | **Mailing address** |  |
| **Year of establishment** |  | **Website** |  |
| **Reason for Application** |  | | |

I hereby apply for membership of Korea Association of Autonomous Mobility Industry(KAAMI). I agree to be bound by and comply with the policies and rules of the KAAMI.

Date(MM/DD/YYYY): .

Applicant: (Signature)