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APPLICATION FOR MEMBERSHIP IN SADCWATERLAB ASSOCIATION

COUNTRY		
NAME OF LABORATORY Address		
CONTACT PERSON 1: Telephone: Fax: E-mail Address:		
CONTACT PERSON 2: Telephone: Fax: E-mail address:		
Interested in	Chemical PT	<input type="checkbox"/>
	Microbiology PT	<input type="checkbox"/>
ACCREDITATION STATUS Is your laboratory accredited to 17025 for water testing?	Yes	<input type="checkbox"/>
	No	<input type="checkbox"/>
I have read and understand the contents of the Memorandum of Understanding (MoU) available on SADCMET website www.sadcmnet.org		
Application completed by:		
Position in the organization		
Signature: CEO or Head of Laboratory		