

**Associate Membership Application Form**

Please fill out the form and submit it with the letter of intent signed by the person authorized to represent the applicant entity to the ACG Secretariat ([acgsecretariat@ksd.or.kr](mailto:acgsecretariat@ksd.or.kr))

1. Applicant information

* Organization Name:
* Country/Region:
* Representative name and job title:
* Representative email address:
* Representative phone number:
* Contact person name and job title:
* Contact person email address:
* Contact person phone number:

1. Please attach the future plan as an associate member of ACG and other presentation materials if there are any. Your organization information and other presentation materials will be distributed among ACG members for the reference of their voting at the next General Meeting.

Note: Please refer to the latest version of the ACG Charter for membership eligibility, rights, admission, and other related matters concerning ACG membership.

For inquiries, please contact ACG Secretariat ([acgsecretariat@ksd.or.kr](mailto:acgsecretariat@ksd.or.kr))