

# GEORGETOWN CHAMBER OF COMMERCE & INDUSTRY

## MEMBERSHIP APPLICATION FORM

PLEASE ANSWER TRUTHFULLY AND AS COMPLETELY AS YOU CAN. THE INFORMATION PROVIDED IS CONFIDENTIAL AND IS FOR DETERMINING THE APPLICANTS SUITABILITY FOR MEMBERSHIP AND FOR STATISTICAL PURPOSES ONLY.

**Requirements :**

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| 1. Registration<br>2. National Insurance Scheme (NIS) Registration | 3. Taxpayer's Identification Number (TIN) Certificate.<br>4. Organization's Profile |
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**SECTION : 1**

Date of Application:						
How do you hear about the GCCI?	Facebook <input type="checkbox"/>	Website <input type="checkbox"/>	News <input type="checkbox"/>	Membership Officer <input type="checkbox"/>	Member <input type="checkbox"/>	Other <input type="checkbox"/>
Name of Applicant Organisation:						
Name of Primary Contact:	Designation:	Tel No:				
Name of Secondary Contact:	Designation:	Tel No:				
Organisation Address						
Mailing Address (if different from above)						
Telephone No:	FAX No:					
WEB Domain:	E-MAIL Address:					
Reason for joining						
Type of business ownership: (Please circle one)	Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>			
	Corporation <input type="checkbox"/>	N.G.O. <input type="checkbox"/>	Other <input type="checkbox"/>			
Nature of activity:	Value of Investment:					
Number of Members:						
Year Established:	Company Registration No: (Supporting documentation required)					
TIN Registration No: (Supporting documentation required)	N.I.S. Registration No: (Supporting documentation required)					
Area of Special Interest: (Please circle one or more)	Customs & Standards Fund Raising, P.R. & Social Issues	Trade & Investment Governance & Security	Finance Membership Constitution Reform			
Signature of Primary Representative	(Add company stamp/seal)					
Member Recommendation # 1: (Chamber member in good standing)						
	Name of Member	Signature & Stamp				
Member Recommendation # 2: (Chamber member in good standing)						
	Name of Member	Signature & Stamp				

**SECTION:2 FOR OFFICIAL USE ONLY**

by MEMBERSHIP COMMITTEE	Recommended for approval:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, state reason(s) for denial:			
Date:	Signature:		
	Committee Chairperson		
by COUNCIL	Approved:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, state reason(s) for denial:			
Date:	Signature:		
	President, GCCI		
Date Of Approval By Council			