

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 :

- | | |
|---|--|
| 1. Business Registration | 3. Taxpayer's Identification Number (TIN) Certificate. |
| 2. National Insurance Scheme (NIS) Registration | 4. Business Profile |

SECTION : 1

Date of Application:			
How do you hear about the GCCCI?	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 Business:			
Name of Primary Contact:	Designation:	Tel No:	
Name of Secondary Contact:	Designation:	Tel No:	
Business 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 business activity:	Value of Investment:		
Number of Employees:			
Projected Annual Turnover:			
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:				
Membership Category	A	B	C	D
	More than \$500 Million	\$500 Million- \$50 Million	\$50Million-\$5 Million	(D) \$5 Million & Less
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, GCCCI			
Date Of Approval By Council				