AMERICAN CHAMBER OF COMMERCE, GHANA. AFFILIATE – U.S. CHAMBER OF COMMERCE, WASHINGTON DC.

OFFICE: #10 MENSAH WOOD AVENUE, EAST LEGON

GPS: GA-285-2549

P. O. BOX CT 2869, CANTONMENTS, GHANA TEL.: 233 030 2247562 FAX NO.: 233 030 2247562



APPLICATION FOR MEMBERSHIP

NAME OF COMPANY	? :			
GEOGRAPHIC ADDR	ESS :			
POSTAL ADDRESS	:			
TELEPHONE #	:	FAX:		
E-MAIL ADDRESS	:	URL.ADDRESS http://www		
YEAR INCORPORAT	ED:	NO. OF EMPLOYEES:		
NAME OF CHIEF EXI	ECUTIVE:			
NAMES OF DIRECTO	PRS :			
ANNUAL TURNOVE	R: :			
SALES TERRITORY (CITIES/REGIONS/COUNTRIES):		
AUTHORIZED DISTR	IBUTORS (COMPANY (IES) / P	RODUCT(S):		
COMMERCIAL REFE	RENCES (IN THE USA, GHANA	x):		
BANK (ADDRESS, NA	AME OF THE ADMINISTRATIV	E AGENT):		
MEMBERSHIP CATE	GORY (Please tick): PLATINU	$M \square GOLD \ \square CORPORATE \ \square$		
TYPES OF BUSINESS (Please tick)				
WHOLESALER	NON-PROFIT	GOVERNMENT OF GHANA		
RETAILER	CONSULTANT	FOREIGN GOVERNMENT, WHICH?		
IMPORTER	LAWYERS	FOREIGN COMPANY		
EXPORTER	PRINTING	SUBSIDIARY COMPANY OF?		
MANUFACTURER	BANK/FUND	FREIGHT FORWARDER		
INSURANCE	EDUCATION	CPA (ACCOUNTANT)		
OTHER (SPECIFY)	REAL ESTATE			

PLEASE LIST THE PRINCIPAL PRODUCTS OR SERVICES: **PRODUCTS** MANUFACTURE: DISTRIBUTION: EXPORT: IMPORT: **SERVICES** Please specify: **GENERAL INFORMATION** Does your company have any business transaction with any American company? Yes :.... No.: Yes: Do you have a business partner in America? No: Will you be prepared to serve on the Chamber's committee Yes: No: DECLARATION I/We wish to be member (s) of the American Chamber of Commerce (Ghana) and if accepted, we agree to be bound by the constitution and Bye-Laws of the Chamber. We will pay all approved fees at the rate in force and we declare that all statements made by us on this application form are correct. **Signature**: Position: **RETURN COMPLETED FORM TO:** THE EXECUTIVE SECRETARY AMERICAN CHAMBER OF COMMERCE (GHANA) HOUSE#: GA-285-2549 No.10 MENSAH WOOD AVENUE, EAST LEGON P. O. BOX CT 2869, CANTONMENTS-ACCRA, GHANA TEL. / FAX NO.: 233 030 2247562 With: 1. Copy of Certificate of Incorporation

2

- Copy of Certificate to Commence Business
- Company Profile

TICIAL USE ONLY

	3.	Copy of
		OFF
Membership Number:		
Date of Acceptance:		