



# MEMBERSHIP APPLICATION FORM

Trinidad & Tobago Manufacturers' Association

TTMA Building, #42 Tenth Avenue, Barataria, P.O. Box 971, Port of Spain

Tel: (868) 675-TTMA (8862)

Fax: (868) 675-9000

Email: researchassist@ttma.com

## PLEASE PRINT ALL INFORMATION

### **Section 1**

Company Name: .....

Ordinary Member:

Associate Member:

Company Address: .....

Company Mailing Address: .....

City .....

Country: .....

Company Telephone No: .....

Fax No: .....

E-mail address: .....

URL Address: .....

### **Section 2**

Public Company:

Private Company:

Type of Business: .....

Product(s)/Service(s): .....

Brands(s) : .....

Export Market(s): .....

### **Section 3**

No. of Employees: .....

Subsidiary Company of: .....

#### Contact Persons

	Name (Mr/Mrs/Ms)	Position	Email
1 <sup>st</sup> Contact	.....	.....	.....
2 <sup>nd</sup> Contact	.....	.....	.....
3 <sup>rd</sup> Contact	.....	.....	.....

**Section 4**

Did anyone recommend your company for membership? (If yes, please provide a name)

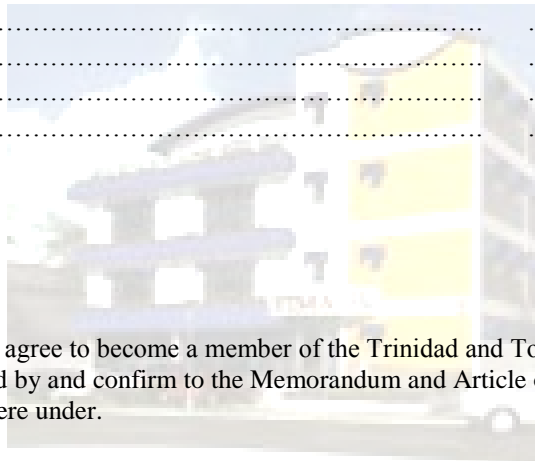
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Briefly describe your expectations of the TTMA

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.....  
.....

Briefly describe your immediate business developmental goals

Goal	Commencement Date
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.....	.....
.....	.....
.....	.....



I/We the undersigned, do hereby agree to become a member of the Trinidad and Tobago Manufacturers' Association and if accepted agree to be bound by and confirm to the Memorandum and Article of the company and any Bye-laws or regulations made there under.

\Dated this ..... day of ..... 20.....

Signature of Proprietor/Principal Officer: .....

<b>OFFICIAL USE ONLY:</b>	
Proposed by: ..... <i>Name (Block letters) &amp; Signature</i>	Date Approved: _____
Company: .....	Category: _____
	\$500.00 Application Fee _____
Seconded by: ..... <i>Name (Block letters) &amp; Signature</i>	Subscription Fee: _____
Company: .....	On Hold
	More information needed: