



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: service@ttma.com

PLEASE PRINT ALL INFORMATION

Section 1

Company Name:

Ordinary Member:

Associate Member:

Company Address:

Company Mailing Address:

City

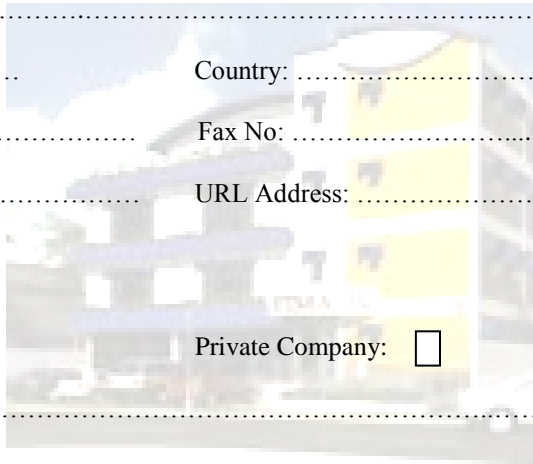
Country:

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 st Contact
2 nd Contact
3 rd Contact

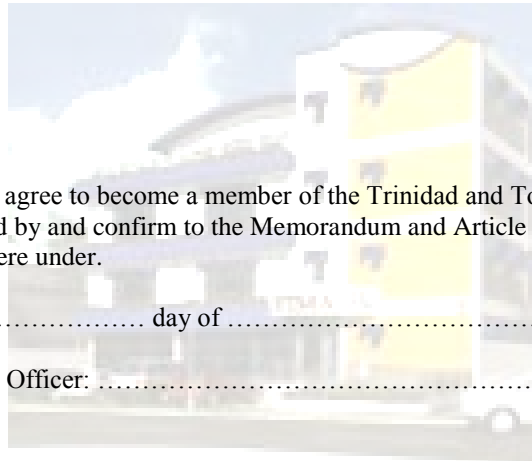
Section 4

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:

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