



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) ext. 240 | Fax: (868) 675-900 | Email: bduofficer@ttma.com | marketing@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

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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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:

MEMBERSHIP REFERRAL (OPTIONAL)

Company Name:

Contact Person:

Contact number (mobile, if possible):

*Successful referrals within two (2) board meetings are eligible for a \$300.00 rebate on application fee (new members) or \$300.00 discount on next year's subscription fees (existing members)

OFFICIAL USE ONLY:

Proposed by:

Name (Block letters) & Signature

Company:

Seconded by:

Name (Block letters) & Signature

Company:

Date Approved: _____

Category: _____

\$500.00
Application Fee _____

Subscription Fee: _____

On Hold

More information needed: