

# ESSEQUIBO CHAMBER OF COMMERCE & INDUSTRY

## MEMBERSHIP APPLICATION FORM

A/No:.....

*The information provided herein under is strictly confidential and is for determining the applicant's suitability for membership with the E.C.C.I and for statistical purposes only.*

### SECTION 1 – PERSONAL / BUSINESS DETAILS

|   |   |   |                             |                             |
|---|---|---|-----------------------------|-----------------------------|
| How did you hear about the E.C.C.I?                                 | <input type="radio"/> Social Media              | <input type="radio"/> Member                        | <input type="radio"/> News  | <input type="radio"/> Other |
| Name of Applicant <i>[Individual or Business]</i>                   |   |   |                             |                             |
| Primary Representative  | Name  |   | Designation                 |                             |
|   | Tel. No   |   |                             |                             |
| Secondary Representative <i>[If applicable]</i>                     | Name  |   | Designation                 |                             |
|   | Tel. No   |   |                             |                             |
| Business Address  |   |   |                             |                             |
| Mailing Address <i>[If different from above]</i>                    |   |   |                             |                             |
| Telephone No.   |   |   |                             |                             |
| E-Mail Address  |   |   |                             |                             |
| Type of business  | <input type="radio"/> Sole Proprietorship       | <input type="radio"/> Partnership                   | <input type="radio"/> N.G.O |                             |
|   | <input type="radio"/> Limited Liability Company | <input type="radio"/> Corporation                   | <input type="radio"/> Other |                             |
| Nature of Business Activity   |   |   |                             |                             |
| Number of Employees   |   |   |                             |                             |
| Have you / your business ever been charged with an illegal offence? |   |   |                             |                             |
| Area(s) of Special Interest <i>[More than one can be selected]</i>  | <input type="radio"/> Membership                | <input type="radio"/> Public Relations / Advocacy   |                             |                             |
|   | <input type="radio"/> Fundraising / Finance     | <input type="radio"/> Economic / Social Development |                             |                             |
| .....<br>Applicant's Signature                                      | .....<br>Date                                   | .....<br>Business Stamp <i>(if available)</i>       |                             |                             |

### SECTION 2 – MEMBERSHIP RECOMMENDATION

|   |      |           |
|---|------|-----------|
| Membership Recommendation # 1<br><i>(Chamber Member in Good Standing)</i> | Name | Signature |
| Membership Recommendation # 2<br><i>(Chamber Member in Good Standing)</i> | Name | Signature |

### SECTION 3 – APPROVAL (INTERNAL USE ONLY)

|  |                                 |                          |                         |                         |
|--|---------------------------------|--------------------------|-------------------------|-------------------------|
| Recommended for Approval by Membership Committee | <input type="radio"/> Yes       | <input type="radio"/> No |                         |                         |
| Membership Category <i>[see reverse]</i>         | <input type="radio"/> A         | <input type="radio"/> B  | <input type="radio"/> C | <input type="radio"/> D |
| If NO, state reason(s) for denial                |                                 |                          |                         |                         |
| Date   | Signature – Membership Chairman |                          |                         |                         |
| Approved by Council                              | <input type="radio"/> Yes       | <input type="radio"/> No |                         |                         |
| If NO, state reason(s) for denial                |                                 |                          |                         |                         |
| Date   | Signature – President           |                          |                         |                         |
| E.C.C.I Stamp / Seal                             |                                 |                          |                         |                         |

### SECTION 4 – PAYMENT DETAILS (INTERNAL USE ONLY)

|                |                            |                                      |  |  |
|----------------|----------------------------|--------------------------------------|--|--|
| Payment Type   | <input type="radio"/> Cash | <input type="radio"/> Cheque (_____) |  |  |
| Amount         | \$                         |                                      |  |  |
| Receipt Issued | Receipt No.                |                                      |  |  |
| Date           | Signature – Treasurer      |                                      |  |  |

***“Moving business forward!”***



| <b>Category</b> | <b>Description</b>  | <b>Annual Fees</b> |
|-----------------|---|--------------------|
| A               | Insurance Companies, Financial Institutions, Corporations | \$20,000.00        |
| B               | Small Businesses (1 – 10 Employees)                       | \$5,000.00         |
| C               | Medium Businesses (11 – 25 Employees)                     | \$10,000.00        |
| D               | Large Businesses (more than 26 Employees)                 | \$15,000.00        |
| E               | Professionals   | \$5,000.00         |
| F               | Honorary Member   | Nil                |