

**AMERICAN CHAMBER OF COMMERCE (GHANA) AND
THE COMMERCIAL SERVICE OF THE UNITED STATES EMBASSY**
HOUSE. #C609/3 5TH CRESCENT STREET, ASYLUM DOWN
P. O. BOX CT 2869, CANTONMENTS, GHANA
TEL.: 233 030 2247562 FAX NO.: 233 030 2247562



APPLICATION FOR MEMBERSHIP

NAME OF COMPANY :

GEOGRAPHIC ADDRESS :

POSTAL ADDRESS :

TELEPHONE # : FAX:

E-MAIL ADDRESS : URL ADDRESS <http://www>

YEAR INCORPORATED : NO. OF EMPLOYEES:

NAME OF CHIEF EXECUTIVE :

NAMES OF DIRECTORS :

ANNUAL TURNOVER: :

SALES TERRITORY (CITIES/REGIONS/COUNTRIES):

AUTHORIZED DISTRIBUTORS (COMPANY (IES) / PRODUCT(S):

COMMERCIAL REFERENCES (IN THE USA, GHANA) :

BANK (ADDRESS, NAME OF THE ADMINISTRATIVE AGENT) :

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.:**

Do you have a business partner in America? **Yes:** **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)
HSE.: #C609/3 5TH CRESCENT STREET, ASYLUM DOWN
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
 3. Copy of Company Profile

OFFICIAL USE ONLY

Membership Number:

Date of Acceptance: