



POINT FORTIN SOUTH WESTERN CHAMBER OF INDUSTRY & COMMERCE

APPLICATION FOR MEMBERSHIP

TO: THE SECRETARY, POINT FORTIN SOUTH WESTERN CHAMBER OF INDUSTRY AND COMMERCE

I WISH TO APPLY FOR MEMBERSHIP IN THE PFSWCIC AS

Company Individual

NAME OF COMPANY / INDIVIDUAL: CHIEF EXECUTIVE OFFICER / MANAGER:

REGISTERED ADDRESS:

TELEPHONE: FAX : E-MAIL :

TYPE OF BUSINESS (Check where appropriate)

- RETAIL WHOLESALE PROFESSIONAL MANUFACTURING PETROLEUM
CONSTRUCTION SERVICE OTHER Please Specify

If engaged in business under other names, please print name

To ensure correct MEMBERSHIP CLASSIFICATION please indicate which of the following is applicable to you

Table with 2 columns: Description of membership categories (e.g., Companies over 50 employees, Individual) and corresponding fees (\$5,000.00, \$250.00).

Name of Company Representative(s) at PFSWCIC activities Position in Company
Please list according to Category
1.
2.

PLEASE SUBMIT FULL MEMBERSHIP FEE WITH APPLICATION (PLEASE PRINT CLEARLY)

I/We

Of (Full Postal Address)

hereby apply for membership of the Point Fortin South Western Chamber of Industry and Commerce, and if elected, agree to be bound by the Bye - Laws of the Chamber.

Date of Application Signature Fee (Total Amount Enclosed) Position Proposed By Seconded By

NOTE: The Proposer and Seconder must be Members of the Chamber

Date Accepted : Classification/Category/Type :
Remarks :