



AMCHAM GUYANA INC

Membership Application Form

I. Background Information

Name of organization or individual:

II. General Contact

Phone number:

E-mail:

Website:

III. Representative/(s)

Each company is allowed to register up to two (2) individuals (the designate and alternate) to be listed as representatives for their annual dues. The designate holds the voting rights as defined in the bylaws. Proxy voting is permitted and the alternate can vote in place of the designate if needed.

Representative:	Position:	Nationality:	Phone Number:	Email:
Name of designate:				
Name of alternate:				

Do you wish to be included in AmCham Guyana's Directory of Members? YES NO

Do you wish for your contact information to be made PUBLIC/ PRIVATE?

IV. Company Address

Mailing address:

Invoicing/ billing address if different from mailing address:

V. Operating Information

Date established in Guyana:

Date established in the USA/worldwide:

Type of legal entity:

Sole Proprietor

Partnership

Corporation

Other

How do you characterize your organization?

An American Company

A Guyanese Company

A Subsidiary of a US Company

Foreign Company

Current number of employees in Guyana:

Please state annual gross revenue:

Nature of business conducted in Guyana:

Trade or business interests with the USA:

VI. Membership Category/ Fee Structure

Once approved, membership fees are not refundable.

Category	Revenue	Dues
A	\$3B +	\$700,000GYD
B	\$300M- \$3B	\$500,000GYD
C	\$50M- \$300M	\$200,000GYD
D	\$5M- \$50M	\$90,000GYD

VII. References/ Evidence of Good Standing

How did you learn about AmCham Guyana?

Please provide the name of the member or administrative officer recommending your membership

Please provide a copy of your company profile

Please provide a copy of the company's registration in Guyana

Please provide a copy of the company's Tax Identification Number (TIN) certificate

Please provide a copy of the company's National Insurance Scheme Registration (NIS)

VIII. Sign and Date

Completed by:

Signature and Stamp:

Date:

Signature of Designate:

Date:

Signature of Alternate:

Date:

IX. FOR OFFICIAL USE ONLY

Have all documents been submitted? YES NO

Is this member in good standing? YES NO

Recommended by membership committee/ executive officer for approval? YES NO

Has application been reviewed by the Board? YES NO

Is this application pending? YES NO

Official approval from Board? YES NO

Date of approval by Board: