



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. 240/238 | Fax: (868) 675-9000 | Email:
bduofficer@ttma.com/ bduassist@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: Full time () Part-time () Subsidiary Company of:

Contact Persons:

	Name (Mr/Mrs/Ms)	Position	Email
Primary Contact
Managing Director/CEO
Finance Rep.

Contact Persons Cont'd:

	Name (Mr/Mrs/Ms)	Position	Email
Marketing Rep.
Other
Other

Section 4

Did anyone recommend that your company join the membership? (If yes, please provide a name)

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Please identify your top 3 needs for joining the association?

- Networking Business Development Membership database access
Marketing/ Brand exposure Advocacy support Market expansion/ Trade support

Other: _____

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:

OFFICIAL USE ONLY:	
Proposed by:	Date Approved: _____
<i>Name (Block letters) & Signature</i>	Category: _____
Company:	\$500.00 Application Fee _____
Seconded by:	Subscription Fee: _____
<i>Name (Block letters) & Signature</i>	On Hold
Company:	More information needed: