

Membership Application



The British-Caribbean
CHAMBER OF COMMERCE

Please complete this form and return it to the Chamber to start your Membership.

About your company

Company name:

Company address:

Post/Zip code: Tel:

Website: Fax:

Nature of business:

Number of employees: Are you an exporter? Yes No

Main contacts

Please enter the details of the person who should receive Membership information about the Chamber.

Name:

Job title:

Email:

Mobile:

Additional contacts

Chamber Membership means all of your staff can use our services. Please list the email addresses of any of your colleagues who we should send invitations and information to (you can continue on a separate sheet if necessary).

Email:

Email:

Email:

Payment details

Annual Direct Debit (please see separate sheet for mandate)

Annual invoice

Credit card

We/I agree to be bound by the Memorandum and Articles of the Chamber.

Signature:

Date:

Please note: your Membership continues unless we are informed otherwise.

Please sign and return this form to:

**The British Caribbean Chamber of
Commerce**

Trinidad & Tobago Chapter

Poyntz Mackenzie

Country Manager

Tel 00 1 (868) 7491369

p.mackenzie@britishcaribbean.com