

FOREIGN 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:**

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**PLEASE PRINT ALL INFORMATION**

**Section 1**

Company Name: ………………………………………………………………………….…………………………….

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)

……………………………………………………………………………………………... 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: ………………………………………………………………………….. | |  |
| ***Name (Block letters) & Signature*** | | Date Approved: |
| Company: ……………………………………………………………………………… | | Category: |
|  | | $500.00 |
|  | | Application Fee |
| Seconded by: ………………………………………………………………………….. | |  |
| ***Name (Block letters) & Signature*** | | Subscription Fee: |
| Company: ……………………………………………………………………………… | | On Hold |
|  | | More information needed: |