



MEMBERSHIP APPLICATION FORM
Guyana Manufacturing and Services Association Ltd.

157 Waterloo Street, North Cummingsburg, Georgetown, Guyana South America

Telephone: (592)- 223-7405 /223-7406 **Social Media:** @gmsa.gy

Email: admin@gmsagy.org **Website:** www.gmsagy.org

PLEASE COMPLETE AND RETURN TO THE GMSA SECRETARIAT

Section 1

Company Name: _____

Registered Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Email Address: _____ Website: _____

Facebook: _____ Instagram: _____

Section 2

Year of Incorporation: _____

Legal Entity:

Private: Public: Partnership: Other: _____

What sector best describes your company:

- Agriculture Agro-Processing Construction & Engineering
- Chemicals & Pharmaceuticals Extractive Industries Information, Communication & Technology
- Services Textiles & Sewn Goods

Principal Product(s)/Service(s)

Brand(s)

Primary Export Countries: _____

Affiliated and Related Companies

Address

_____	_____
_____	_____
_____	_____

Section 3

No. of Employees: _____ Full-time: _____ Part-time: _____

Management: _____ Skilled/Technical: _____ Semi-Skilled/Unskilled: _____

Estimated Size of the Company's Asset Base (US\$): _____

Estimated Annual Turnover (US\$): _____

	Name	Designation	Email
Primary Contact	_____	_____	_____
Alternate Contact	_____	_____	_____

Section 4

Please indicate how you learned about GMSA membership and/or who recommended the association:

What benefits do you seek as a GMSA member?

Networking: Business Development: Access to Membership: Advocacy Support:

Market/Trade Expansion/Support: Markets/Product Exposure: Other: _____

Section 5

DECLARATION:

- a) I / We hereby certify that the information stated is true and correct.
- b) I / We do hereby agree to become a member of the Guyana Manufacturing and Services Association Ltd. and agree to adhere to the organization's annual fee and regulations.
- c) I / We nominate the undermentioned primary representative and alternate to represent the company at the association.

Primary Representative: _____ Designation: _____ Contact Information: _____

Alternate Representative: _____ Designation: _____ Contact Information: _____

Proprietor/Principal Officer: _____

Signature: _____

Designation: _____ Date: _____

REQUIRED DOCUMENTS:

- COPY OF CERTIFICATE OF INCORPORATION
- COPY OF TIN CERTIFICATE
- COMPANY PROFILE

SECRETARIAT USE ONLY:

Applicant/Company Name: _____

Application Received By: _____ Date: _____

Application Reviewed By: _____ Date: _____

Company Visited By: _____ Date: _____

Approved: Yes: _____ No: _____ Date: _____



SCHEDULE OF MEMBERSHIP FEES

Category	Number of Employees	Assets (US\$ M)	Turnover (US\$ M)	Annual Subscription
Category 'A'	250 Persons & Over	2.0-Above	3.5-Above	\$175,000.00
Category 'B'	100 - 250	0.75 – 1.5	2.0 – 3.0	\$90,000.00
Category 'C'	50 - 100	0.5 – 0.75	1.0 – 2.0	\$60,000.00
Category 'D'	25 - 50	0.1 – 0.5	0.5 -1.0	\$24,000.00
Category 'E'	Under 25	Under 0.1	Under 0.5	\$12,000.00