

MEMBERSHIP APPLICATION

THE GUYANESE AND AMERICAN BUSINESS AND PROFESSIONAL COUNCIL (GABPC)

The undersigned hereby applies for membership in GABPC.

Company: _____

Contact person: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Telefax: _____

E-Mail: _____

Brief description of your company's business activity: _____

Please indicate below what class of membership applied for.

CLASSIFICATION ANNUAL

MEMBERSHIP DUES

- | | |
|---|-------------|
| <input type="checkbox"/> President's Circle | \$25,000.00 |
| <input type="checkbox"/> Corporate Membership | \$ 3,000.00 |
| <input type="checkbox"/> General Membership | \$ 300.00 |
| <input type="checkbox"/> Individuals | \$ 75.00 |
| <input type="checkbox"/> Students | \$ 25.00 |

Please enclose check or fill in the information below for credit card payment. We regret that your application will not be valid without an enclosed check made out to The Guyanese American Business and Professional Council.

Date of Application

Signature of Applicant

Please send your application to: **146-09 Van Wyck Expressway,
South Ozone Park, NY 11420**

Additional contact listings

We offer you the opportunity to register additional contact persons within your company. The persons listed below will receive information from our organization and invitations to upcoming events.

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

Additional Contact person: _____

Title: _____

E-Mail: _____

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Title: _____

E-Mail: _____

