



Membership Application Form

Membership (please tick): Corporate * Executive * Associate

First Name: _____

Surname: _____

Job Title: _____

Business Name: _____

Physical Address: _____

City/Region: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Contact Person: _____

Second Contact Person: _____

Type of Business (Sector): _____

Date Business Opened: _____

Number of Employees: _____

Amount Enclosed: _____

I/we apply to member(s) of the Airport City Accra Business Network (ACA-BN). I/we will adhere to the Constitution and by-laws of the ACA-BN. Please find attached a copy of Certificate to Commerce Business.

Name:

Signature:

Date:

