



ARAB-WEST AFRICA CHAMBER OF COMMERCE & INDUSTRY
Building Freindship Through Commerce

Arab-West Africa Chamber of Commerce & Industry

غرفة تجارة وصناعة العرب وغرب إفريقيا

Chambre de commerce et d'industrie arabo-ouest-africaine

MEMBERSHIP FORM

SECTION I

AWACCI has been established to promote trade & investment opportunities with the Middle East, North Africa countries and West Africa, whilst supporting members' drive to success and facilitating effective networking platforms. Currently, the trade & investment between the Arab world and West Africa is worth over 10 billion dollars.

For more information visit www.awacci.org

1	Registered Company/Business Name	
2	Trading Name (if applicable)	
3	Company Number (CN)	
4	Business Number (BN):	
5	In which Country is your Head Office or business Registered?	
6	Postal Address	

Street _____

City _____

Postcode _____

8. Do you have offices in other Countries?

Yes No

9. Name of CEO or MD

Name _____

Email _____

Phone _____

10. Company website: _____

11. Industry Sector: _____

12. Brief description of company's business (Max 100 words).

SECTION 2

Please Select MEMBERSHIP CATEGORY

Corporate Member + Copy of Certificate of Incorporation or Business Registration required Exporter Member + Copy of Certificate of Incorporation or Business Registration required

SME Member + Copy of Certificate of Incorporation or Business Registration required Individual Member + one business reference required

Student Member Copy of Student ID required

13. Who is the contact re membership & attending events? I.e. from Marketing, Bus Development, Sales

Name _____

Email _____

Phone _____

14. Which applies to your business?

Current Exporter

Looking for Export Markets

Interested in Networking & Contacts

Interested in Import Information & Education

15. What goods or services you currently export/ import?

16. Which countries you export/ import?

Ecowas Countries

Middle East

North Africa

Other

UAE KSA Kuwait Qatar Oman Bahrain Lebanon Egypt Morocco

17. How would you like to pay for your Membership? _____

AWACCI will email the tax invoice & issue the membership certificate following approval process five business days.

Signature of Authorised Officer _____

Date _____

Full name of Authorized Officer (printed) _____

Position in Company: _____

Additional copies can be downloaded from www.awacci.org Click Here to email completed & signed form to the Executive Director.