



masacci

Madagascar South Africa Chamber of Commerce and Industry

masaccicham@gmail.com

+261 32 26 229 24 (Mrs. Louise Fox)

+261 33 19 469 37 (Ms. Christina)

BP 787 101 Antananarivo

Application for Membership

We hereby apply for membership of the Madagascar-South Africa Chamber of Commerce and Industry and agree, if elected to membership, to be bound by its rules and regulations and to pay the appropriate Annual dues: (PLEASE PRINT or TYPE)

Name of Organization: _____

Physical Address: _____

Postal Address: _____ **Code:** _____

Telephone(s): _____ **Fax:** _____

NIF: _____ **STAT:** _____

Membership details

Type of membership: Bronze Silver Gold Platinum

Type of business interests: _____

(1) Chief Executive/Managing Director: Name _____

Direct Tel _____ Email _____

Additional Senior Management: Name _____

Title: _____ Cell: _____ Email: _____

Relationship with South African parent organization, if any (i.e. subsidiary, branch or other):

Countries where your company operates: _____

Contact person: _____

Signatures and stamps