



MEMBERSHIP APPLICATION FORM

I AM APPLYING FOR (PLEASE SELECT ONE ONLY):

MEMBERSHIP CATEGORIES

<u>SELECT CATEGORIES</u>		<u>TURNOVER</u>	<u>ANNUAL PAYMENT</u>
<i>Corporate</i>	A	US\$ 50 million and above	US\$ 20.000
	B	US\$ 30- 49 million	US\$ 10.000
	C	US\$ 10- 29 million	US\$ 5.000
	D	US\$ 5- 9.0 million	US\$ 2.500
	E	US\$ 500,000- 4.9 million	US\$ 1.500
<i>SMEs</i>	Level 1	US\$ 100.000 – 400,000	US\$ 1000
	Level 2	US\$ 50,000- 99,000	US\$ 750
	Level 3	US\$ 1 - 49,000	US\$ 500
<i>Consultants</i>			US\$ 1000
<i>Professionals</i>	Established		US\$ 1000
	Young		200



African Business Roundtable
Table Ronde des Hommes d'Affaires d'Afrique

NGO in Special Consultative Status with the Economic and Social Council of the United Nations.

FOR SMEs & CONSULTANTS & PROFESSIONALS MEMBERSHIP

SELECTED MEMBERSHIP CATEGORY: _____

Title:

Last Name:

First Name:

Organization's Name:

Position:

Address:

.....

Telephone:

Fax:

E-Mail:

Base of Business Operation:

Type of Business:

Main Activity of Business:

.....

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I certify that foregoing is true and accurate.

Name.....

Signature.....

Please sign me up to receive news from ABR by mail: Yes / No

Referee(s) and Sponsor(s)

This must be a member of good financial standing that can confirm your status

Sponsor 1

Name:

Company:

Signature of Sponsor:

Sponsor 2

Name:

Company:

Signature of Sponsor:



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FOR FURTHER ENQUIRIES PLEASE SEND A MAIL TO INFO@ABRNETWORK.ORG OR VISIT OUR WEBSITE

WWW.ABRNETWORK.ORG

FOR SECRETARIAT USE:

Application reviewed and approved: _____

Application in review: _____

Membership Invoice remitted to new member: _____