

**APPLICATION FORM
TO JOIN THE GHANA BUSINESS COALITION**

NAME OF WORKPLACE	
CHIEF EXECUTIVE	
DATE OF REGISTRATION (Registrar General's Department)	
REGISTRATION CERTIFICATE NUMBER	
CORE BUSINESS (<i>Tick</i>)	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Hospitality <input type="checkbox"/> Health Care <input type="checkbox"/> Trading <input type="checkbox"/> Mining <input type="checkbox"/> Agriculture <input type="checkbox"/> Telecommunications <input type="checkbox"/> Food and Beverages <input type="checkbox"/> Security <input type="checkbox"/> OTHER (Specify) _____
NAMES OF TWO REPRESENTATIVES TO THE BUSINESS COALITION (<i>Should not be below Director level</i>)	1. 2.
POSTAL ADDRESS	
TELEPHONE (Landline)	
FAX	
WEBSITE	
NAME OF CONTACT PERSON (For Application)	
Job title	
Cell phone	
Email	
MEMBERSHIP CATEGORY REQUESTED	<input type="checkbox"/> Founder <input type="checkbox"/> Regular Member
NUMBER OF EMPLOYEES	
DATE:	__ / __ / 20__