



FOOD AND BEVERAGES ASSOCIATION OF GHANA

P.O. BOX GP 112, Accra, Ghana

Tel: +233 (0) 24339666

Email Form To: admin@fabag.com.gh

MEMBERSHIP APPLICATION FORM

Name of Firm:

Location Address:

City/Town: Region:.....

Any Landmark Identification.....

Postal Address:.....

Tel:Fax:: Business Email:.....

Business website address..... Skype

Type of Business: Year Established:.....

Owner of business / Chairman.....

Directors (1).....email :.....

Directors (2).....email:

General Manager.....email.....

Principal Products

.....

Other affiliate organisation or.....

Memberships.....

Representative:..... Position:

I agree our company will abide by the requirements of membership as stated in the association's bylaws.

Signature: Date:

Please include an application fee of GH¢ 50.00

Please be reminded that information provided on this application form shall be treated as confidential at all times except otherwise with written consent from the applicant.

N.B. This application will be submitted for approval to the Board of Directors at its next quarterly meeting. Note also that the application fee is not refundable.