

M E M B E R S H I P

A P P L I C A T I O N

Name of Company: _____

President or CEO: _____

Company Web Site: _____

The following individuals are designated as the contact persons:

Name1: _____

Title 1: _____

Telephone 1: _____

Email1: _____

Name 2: _____

Title 2: _____

Telephone 2: _____

Email 2: _____

Address: _____

City: _____ State: _____

Zip: _____

Country: _____

Fax: _____

To assist each member in its U.S.-Africa business relationships, The Corporate Council on Africa (CCA) requests that you provide the following information. This knowledge enables CCA to better meet the needs of its members.

(Please attach additional information if necessary.)

Description of Company and its Products/Services for Membership Directory:

Annual Sales (USD): under \$6 Million \$6-\$500 Million
 \$500-\$1 Billion \$1 Billion +

Number of Employees: 1-10 11-50 51-100
 101-200 201+

Which of the following CCA programs would you like to join?

- Agribusiness Capacity Building Energy Finance
 Health Infrastructure Security ICT

How many years of experience in Africa does your company have?

- None 1-5 years 6-15 years 15+ years

In which African countries are you most interested?

Please list the countries in which you are currently operating:

How can CCA help your company's efforts in doing business in the African market?

How did you hear about The Corporate Council on Africa?

CCA member CCA conference CCA website

CCA publication CCA employee

Advertisement with other organization *(please specify)*

Other *(please specify)*

Membership Fees

- Small companies (\$6 Million gross revenue per year or less) \$5,000
- Medium companies (\$6-\$500 Million gross revenue per year) \$10,000
- Large companies (above \$500 Million gross revenue per year) \$25,000

Annual membership dues may be paid to The Corporate Council on Africa by credit card or check.

Credit Card

Visa MasterCard American Express

Card Holder Name: _____

Card Number: _____

Expiration: _____

Signature: _____

Check

Check Number: _____

(Signature): _____

(Title): _____

(Date): _____

For more information on membership services, please do not hesitate

to contact us at memberservices@africacncl.org

Please Return to: