



# Membership Registration Form



## Individual membership

<b>Contact Information</b>						<b>Membership No: CCITD/TCO/IM/</b>		
1. Name of Applicant						Photo		
2. Personal Address								
3. Occupation								
4. NIC No.				Blood Group				
5. Telephone	0094	026						
6. Fax No	0094	026						
7. Mobile Nos	0094							
8. Email				web				
<b>Employer Information</b>								
09. Employer Sector	Government <input type="checkbox"/>		Private <input type="checkbox"/>		NGO/UN <input type="checkbox"/>		Business <input type="checkbox"/>	
	Other (Please Specify)							
10. Name of Employer								
11. Address of Employer								
12. Contact Information	Telephone			Fax No		Email		
<b>Education Qualification</b>								
G.C.E. (O/L)	G.C.E. (A/L)		Graduates		<b>For office Use</b>			
14. Other Qualifications								
19. Working/Professional experience								
<ul style="list-style-type: none"> <li>. I hereby certify that the above information is true and accurate to the best of my knowledge.</li> <li>. I agree to provide justifications for any of the information mentioned above whenever required.</li> <li>. I agree to become a non voting member under category of individual member.</li> <li>. I well aware and condition laid down in the Article of Association of CCITD. And also accept the causes laid down in the same Article of Association.</li> <li>. also I accept and bound to the condition and rules status in Article of Association of CCITD</li> </ul>						Office use Only		
						Record Number		
						Date (dd/mon/yy)		
..... Head of Organization/dept/Institute Signature with Seal						..... Applicant Signature & Date		
						Staff Initial		

**For office Use**

**CERTIFY**

We certify that the Applicant confirms to the requirements of the Construction of the Chamber of Commerce of Trincomalee District and our opinion a suitable.

PROPOSER	Name and Address	Signature
To be a Senior officer of the your Organization (Employer) / JP / Grama Niladhari		
SECONDER To be a member of the Chamber		

If you have any clarifications please call us at + 94 26 2225270

**Documents required:**

- Applicant National Identity Card copy
- Certified letter issued by present employee
- Photo graph (passport size)

**Membership Fee**

- Registration fee – 500.00
- Annual Subscription fee – 500.00

**Membership Package & Benefit**

- International Reorganized Certificate
- Membership Identity Card
- Online Membership database
- Training & Consultancy Services
- International Visits (Forum & Trade Fairs)
- Recommendation to SAARC Membership (possibility to get open VISA for SAARC Countries)
- Business Development workshop
- Recommendation to Financial support
- Business Loan facilities to members

Approved by

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Chairman - CCITD