



Liberia Chamber of Commerce

Queen's Avenue, Capitol Hill, P.O. Box 92 Monrovia, Liberia
<http://www.liberiachamber.org>



MEMBERSHIP APPLICATION FORM

STATUS: Tick one.

New Member: Reactivation: File Update: Overseas Membership

SECTION I: CONTACT INFORMATION

1	Name of Business / Company:	
2	Date of Establishment:	
3	Current Office address:	
4	Mobile number(s)	
5	Email address(es)	
6	Website / Social Media handles	

SECTION II: BUSINESS INFORMATION

1	Business Sector	
2	Products / Services	
3	Product Tax Identification Number (TIN):	
4	Actual Business Operation Start date(dd/mm/yy/)	
5	Major Shareholders (Local % and Foreign %)	
6	Business Ownership (Liberia/non-Liberian)	
6	Annual turnover (Past 3 years only)	
7	Number of Employees	
8	Bank Reference	

Section III: TOP MANAGEMENT OFFICERS: (Please indicate MD or CEO)

No.	Full Name of Staff	Position	Email	Mobile Number
1				
2				
3				
4				

NAME OF ACCREDITED REPRESENTATIVE OF YOUR BUSINESS: (Please indicate the contact person to be use for your business external inquiries and the LCC's membership directory)	
Name	
Address	
Designation	
Mobile number	
Office Telephone number	
Email address	

SECTION IV: EXPECTATIONS OF NEW MEMBERS

What kind of benefits would you expect from the Chamber to support your business?

1.	
2	
3	

Are you currently a part of any other business organization, association, chamber or board?

If yes, please state the name: _____

SECTION V: REFERENCES

Please provide two business references from within the Chamber, in the event you do not have any reference from the Chamber, you are required to submit two customer references you have dealt with over the last one (1) year. The Chamber reserves the right do conduct additional reference check with the regulator of your sector in which you operate.

Reference A: _____

Reference B: _____

SECTION VI: OVERSEAS RELATIONSHIP:

Business Abroad Joint-Venture Overseas Branch Import Export

None

Continent: _____ Country: _____

Products Imported: _____

Products Exported: _____

SECTION VII: LEGAL FORM: (tick one)

- Limited-Liability Company Partnership Sole-Proprietorship Corporation
 Joint – Venture

SECTION VIII: DECLARATION

The above-named business/company wishes to join the Liberia Chamber of Commerce (LCC). We agree to pay the annual membership fees in a timely manner, either in USD or at the prevailing US-LD rate. We declare that all information provided in this application is authentic and correct and consent to further background checks if necessary.

Name: _____
(Please Print) Signature:




Business Name: _____
(Please Print) (DD/MM/YYYY)

SECTION IX: PAYMENT DETAILS

Name	Information
Account Name	Liberia Chamber of Commerce
Account Number (USD)	00121970054070102
Account Number (LRD)	00121910051540101
MTN Mobile Money Number	+231-886800473

❖ The fiscal year of the Liberia Chamber of Commerce is January – December.

Documents to be submitted in support of membership application.

-  Business Registration
-  LRA Receipt
-  Article of Incorporation (Optional)

FOR CHAMBER USE ONLY:

❖ Reviewed and submitted for EC approval: _____

Membership approved and signed by Executive Council:

❖ President: _____

❖ Vice President: _____