MEMBERSHIP APPLICATION FORM

This is where USA and Malian businesses connect

COMPANY OR INDIVIDUAL NAME:

ADDRESS:

TELEPHONE(S): EXT:

E-MAIL:

WEBSITE:

YEAR BUSINESS STARTED:

1- If U.S., what is your Home State? (Headquarters in the United States of America)

City: State: Zip Code:

2- If Malian, please specify name(s) & address of U.S. Company(ies) your company is affiliated with (if applicable)

NAME OF CHIEF EXECUTIVE:

SALES TERRITORY BY CITIES/REGIONS/COUNTRIES (if applicable):

AUTHORIZED DISTRIBUTORS BY COMPANY(IES)/PRODUCTS (if applicable):

COMMERCIAL REFERENCES IN THE U.S.A (if any):

BUSINESS ACTIVITY(IES) (please check all that apply)

☐ Mining & Natural Resources ☐ Agriculture ☐ Livestock ☐ Technology

Hamdallaye ACI-2000, PO BOX 445, Bamako, Republic of Mali (West Africa)
www.AmCham-Mali.org / info@AmCham-Mali.org
Tel : (+223) 20 29 23 23 / 70 21 23 23 ;

☐ Finance & Investment	☐ Environment	☐ Construction & Infrastructure
☐ Oil & Gas	☐ Health & Education	☐ General Trade & Commerce

If you select General Trade & Commerce, please specify	☐ Importer	☐ Exporter
☐ Manufacturer	☐ Franchise	☐ Retailer	☐ Wholesaler
☐ Consultant	☐ Not-for-Profit	☐ NGO	☐ Other Projects
☐ e-Commerce Stores	☐ Warehouse Stores		

PLEASE LIST YOUR PRINCIPAL PRODUCT(S) OR SERVICE(S)

1- PRODUCT(S):

2- SERVICE(S):

MISCELLANEOUS INFORMATION

Does your company have any business transactions with any American company?	Yes: ☐	No: ☐
Do you have a business partner in America?	Yes: ☐	No: ☐
Will you be interested in serving on the chamber's committee?	Yes: ☐	No: ☐

Please select a category of membership down below

MEMBERSHIP CATEGORY (Please select one on the right)	Standard	Silver	Gold	Platine
MEMBERSHIP FEE (One-time payment in XOF)	600.000	600.000	600.000	600.000
YEARLY FEE (in XOF)	300.000	300.000	300.000	300.000
PRIVILEGE FEE (in XOF)	0	800.000	1.350.000	2.450.000
TOTAL (in XOF)	900.000	1.700.000	2.250.000	3.350.000

DECLARATION

By signing below, I / We agree to be bound by the laws and regulations of AmCham-Mali. Non-payment of the applicable fees based on the chosen membership category, within a period of 3 months from the date of acceptance, will cause me to lose my membership. Any request is subject to acceptance by the Board of Directors (BD) of AmCham-Mali. You will be notified in writing upon approval or denial.

SIGNATURE

POSITION