

Date:

**The Secretary
SHIPPING ASSOCIATION OF GUYANA
10-11 Lombard Street,
Werk-en-Rust,
GEORGETOWN.**

Dear Sir,

It is my/our desire to become a **Full/Associate** member(s) of the SHIPPING ASSOCIATION OF GUYANA and I/we hereby agree, if accepted, to be bound by the rules of the Association and by all orders of the Managing Committee of which due notice shall have been given to me/us in the manner hereinafter provided.

Thank You

.....
Signature (of Applicant)

Designation:

For Official Use

The above-named applicant is known to us and in our opinion is eligible for approval.

Signed: Proposer..... Date.....

Seconder Date.....

Approved: Not Approved:



SHIPPING ASSOCIATION OF GUYANA

10-11 Lombard Street, Werk-en-Rust, Georgetown, Guyana, South America. Telephone: 592-226-2169
Email: saginc@networksgy.com Fax: 592-226-9656

APPLICATION FOR MEMBERSHIP

COMPANY'S NAME:

.....

ADDRESS:

.....

TELEPHONE/FAX #

.....

E/MAIL ADDRESS:

.....

NAMES AND DESIGNATION OF REPRESENTATIVES:

1.
2.
3.

CATEGORY OF MEMBER:

- GROUP A – SHIP AGENTS AND PRIVATE STEVEDORE CONTRACTORS**
- GROUP B – TERMINAL OWNERS AND OPERATORS**
- GROUP C – SHIP OWNERS/OPERATORS**

.....
AUTHORISED SIGNATURE

.....
DATE

Recommended by.....