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

This application shall be made in writing, signed by the applicant, and shall be in the form prescribed by the SAG. The application shall be subject to consideration and ratification by the Management Committee, proposed and seconded by members of that Committee.

DATE: ……..

Company's Name: ……

Address: ……...

Telephone no.: ……...

E/mail address: ……

NAMES AND DESIGNATIONS OF REPRESENTATIVES:

1. …… ……..

2. …… ……..

CATEGORY OF MEMBERSHIP:

Application for Membership of the Association may be made by any qualified person engaged in Guyana in any of the following businesses described in the respective groups. SAG's Membership is divided into three groups under a Management Committee as follows:

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

…… ……..
Authorised Signature Company Stamp

Recommended by: ……..

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……..