



# MEMBERSHIP FORM

## ABUJA CHAMBER OF COMMERCE & INDUSTRY

### SECRETARIAT:

Abuja International Trade & Convention Centre,  
KM 8, Umaru Yar'adua Express Way, (Airport Road), Abuja, Nigeria

**Tel:** +234 9 2908969

**Email:** [secretariat@accinigeria.com](mailto:secretariat@accinigeria.com)

**Website:** [www.accinigeria.com](http://www.accinigeria.com)

Member





**MEMBERSHIP APPLICATION FORM**

1. Company Name: .....
2. Address: .....
3. Email: ..... Phone No.....
4. Nature of Business: .....
5. Annual Turnover: .....
6. Category of Membership: (Please tick one)  A  B  C  SME  MSME  YOUNG CEO

Category	Membership Fee (₦)	Annual Fees (₦)	Total (₦) (Initial Payment)
A	1,000,000.00	100,000.00	1,100,000.00
B	500,000.00	75,000.00	575,000.00
C	350,000.00	50,000.00	400,000.00
SME	150,000.00	50,000.00	200,000.00
MSME	100,000.00	20,000.00	120,000.00
YOUNG CEOs	40,000.00	10,000.00	50,000.00

(Age bracket for YOUNG CEOs: 18 - 30years)

7. Company Representative(s) (In the alternative)
  - I. Name: .....  
 Phone No.: ..... Email: .....
  - II. Name: .....  
 Phone No.: ..... Email: .....

8. **TRADE GROUP: Please tick area of core Business or Interests. Applicants must tick at least one Trade Group.**

- |                                                                          |                                                                        |
|--------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Transport                                       | <input type="checkbox"/> Manufacturing & Industrial Production         |
| <input type="checkbox"/> Banking, Insurance and Finance                  | <input type="checkbox"/> Mining                                        |
| <input type="checkbox"/> Construction, Building and Engineering          | <input type="checkbox"/> Tourism and Creative Industry                 |
| <input type="checkbox"/> Information Communications and Technology (ICT) | <input type="checkbox"/> SMEs, General Merchants , Imports and Exports |
| <input type="checkbox"/> Oil and gas and Power                           | <input type="checkbox"/> Law and Development                           |
| <input type="checkbox"/> Health & Pharmaceutical Services                | <input type="checkbox"/> ACCI women in business                        |
| <input type="checkbox"/> Agriculture                                     | <input type="checkbox"/> Defence and Space Industry                    |

9. **RECOMMENDATION**

For applications to be valid, prospective members should be recommended by two financial members of ACCI

Proposer:

Name: .....

Company: .....

Signature: ..... Date:.....

Seconded by:

Name: .....

Company: .....

Signature: ..... Date: .....

10. **DECLARATION:**

We accept to be bound by the rules and regulations of the Chambers.

.....	.....
Name of Chairman/Director	Stamp, Signature & Date

**NOTE:**

The following documents should accompany the application:

- i. Copy of Certificate of Incorporation
- ii. Memorandum and Articles of Association
- iii. Passport Photographs of the Company Representative(s)
- iv. Curriculum Vitae/Profile of Company Representative(s)
- v. Passport photpgraph and Valid ID Card of Referee
- vi. Valid ID Card of Intending member

11. **OFFICIAL USE ONLY.**

**Verification By:**

**Recommended By:**

.....  
Director General/Director

.....  
Chairman, Membership Committee

**Approved / Not Approved:**

.....  
President / Executive Committee

12. **SUBSCRIPTION FEES:**

Membership Fees: .....

Annual Dues: .....

## STATEMENT OF CONSENT TO SHARE PERSONAL INFORMATION

By signing the form, you are agreeing to all of the following:

I am aware that my personal and business information will be shared by ACCI in the course of facilitation and and business promotion.

I agree that my personal and business information such as; name, phone number, email, company name, company objects, business address and other relevant information may be shared at the discretion of ACCI in the course of its service delivery to members, and that my information will be held securely on ACCI Database in accordance with the Data Protection Laws.

I understand that the information will be shared with the appropriate organizations and/or individuals as the need arises.

SIGNED:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:**

Membership registration fees are non-refundable.

# MEMBERSHIP APPLICATION REFEREE FORM

I \_\_\_\_\_ of  
\_\_\_\_\_ hereby stand as the referee for  
\_\_\_\_\_ of \_\_\_\_\_ . I have known the said applicant  
for \_\_\_\_\_

My details are below.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is a copy of my Identification Card.

\_\_\_\_\_  
Signature

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