



STCIC

The Energy Chamber

SOUTH TRINIDAD CHAMBER OF INDUSTRY AND COMMERCE

P.O. Box 80, San Fernando, Trinidad, W.I. • Tel: 1 (868) 652-5613 • Fax: 1 (868) 653-4983

e-mail: execoffice@stcic.org

Web site: www.stcic.org

CONFIDENTIAL

APPLICATION FOR MEMBERSHIP

Individual Professional*

Company

Name of company or individual applying for membership: _____

Address: _____

Tel: _____ Fax: _____ e-mail: _____ URL: _____

ANNUAL MEMBERSHIP FEE

SECTOR

	Annual Fee	Indicate relevant category
Individual	TT\$1,000	<input type="checkbox"/>
Annual Gross Revenue (TT\$)		
Under \$1M	TT\$1,500	<input type="checkbox"/>
\$1M - \$3M	TT\$2,500	<input type="checkbox"/>
\$3M - \$5M	TT\$4,000	<input type="checkbox"/>
\$5M - \$25M	TT\$6,500	<input type="checkbox"/>
\$25M - \$100M	TT\$7,000	<input type="checkbox"/>
\$100M - \$500M	TT\$10,000	<input type="checkbox"/>
\$500M & Over	TT\$12,000	<input type="checkbox"/>

Tick relevant sector:

Upstream Energy	<input type="checkbox"/>	Light Manufacturing	<input type="checkbox"/>
Construction/Engineering	<input type="checkbox"/>	Energy Related Service & Supplies	<input type="checkbox"/>
Finance/Insurance	<input type="checkbox"/>	Other Services	<input type="checkbox"/>
Downstream Energy	<input type="checkbox"/>	Wholesale/Retail	<input type="checkbox"/>
Professional Service	<input type="checkbox"/>		

Year Established: _____

PLEASE NOTE THAT ALL FEES ARE SUBJECT TO 15% VAT.

Please contact STCIC for US\$ conversion where required.

Primary Contact Person	Title	e-mail	Telephone
_____	_____	_____	_____

Person to whom invoices should be addressed: _____

NOTES

For start-up companies, subscription fees for the first year will be based on fifty percent of the projected gross revenue. A review of the subscription fee will be conducted in the second year of operations.

Companies/individuals joining the Chamber after the start of a subscription year will have subscription fees pro-rated from the date of the acceptance of their application.

In the case of a company, this application must be completed and signed by a Duly Authorised Officer**. Please affix the company stamp.

Kindly note that if you are accepted for membership with the Chamber, you agree to be bound by the by-laws of the STCIC.

Duly Authorised Officer**/Applicant: _____ Position: _____
(Block letters)

Signature: _____ Date: _____

NB: Please enclose a non-refundable deposit of TT\$500.00 along with your company's profile/individual application. This amount covers the entrance fee (TT\$100+vnt) and TT\$385 goes towards your annual subscription fee.

FOR OFFICIAL USE ONLY:

Proposed by: _____ Secended by: _____ Date: _____

Membership Fee TT\$ _____ Entrance Fee TT\$ _____ Date of Deposit: _____

*By-law (1 i) A natural person of legal age and capacity who, for purposes of membership of the Chamber (other than Honorary Membership), is (a) self employed, (b) unemployed or (c) if employed by a firm or Corporation, occupies a post in the Firm or Corporation which is lower in position than those covered by the definition of "Duly Authorized Officer".

**By-law (1 e) In the case of an incorporated entity, a director (or equivalent), a company secretary, or the person who is the effective overall manager, by whatever title called (e.g. general manager or chief executive officer); and in the case of a partnership, a partner.