

**PARTNERS OF THE AMERICAS**  
**GUYANA/MISSISSIPPI PARTNERSHIP – GUYANA CHAPTER**  
 c/o St. Stanislaus Training Centre, 69 Sophia, Greater Georgetown. Tel. 222 2991

**APPLICATION FOR MEMBERSHIP**

I hereby apply for membership of the Partners of the Americas, Guyana Chapter. I undertake to abide by the rules of the organisation.

I submit the following particulars hereunder:

**NAME:** .....

SURNAME (BLOCK LETTERS)	FIRST NAME	OTHER NAME(S)
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**ADDRESS:** .....

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**OCCUPATION:** ..... **PLACE OF WORK:** .....

**NATIONALITY:** ..... **SEX:** Male Female **DATE OF BIRTH:** .....

**TELEPHONE: Work:** ..... **Home:** ..... **Mobile:** .....

**E-mail Address:** .....

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**AREAS OF INTEREST (Please tick):** ARTS & CULTURE ..... EDUCATION ..... HEALTH ..... TECHNOLOGY .....  
 YOUTH & SPORTS ..... EMERGENCY PREPAREDNESS ..... AGRICULTURE ..... FUND RAISING .....  
 PROJECT WRITING ..... PLANNING & ORGANISING EVENTS ..... FACILITATING DISCUSSIONS .....

**Signature of Applicant:** ..... **Date:** .....

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**SUBSCRIPTION FEES (G\$):**

MEMBER TYPE	ENTRANCE FEES	ANNUAL SUBSCRIPTION
ORDINARY MEMBER	\$500.00	\$2,000.00
CORPORATE MEMBER	\$500.00	\$3,000.00
ASSOCIATE MEMBER	\$300.00	\$1,000.00

**NOTE:** Please enclose ENTRANCE fee and First Annual Subscription with application form. If payment is to be made by cheque, please make cheque payable to Partners of the Americas (Guyana) Limited

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**For Official Use Only**

**Application Approved:** ..... **Date of Meeting Approved:** .....

**Remarks (if necessary)** .....

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