



**AMERICAN CHAMBER OF COMMERCE IN MOROCCO
(AMCHAM MOROCCO)**

Membership Application Form

Company name:

President/CEO: E-mail:

Director General: E-mail:

Marketing Manager: E-mail:

Communication/PR Manager: E-mail:

Finance Manager: E-mail:

Human Resource Manager: E-mail:

Business Development Manager: E-mail:

Export Manager: E-mail:

Company Address:

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Telephone: Fax:

Website:

Business activity: (please be specific regarding products/services and brands represented):

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Check the appropriate category:

- | | | |
|---|--|---|
| <input type="checkbox"/> Subsidiary of a U.S. company | <input type="checkbox"/> Branch office of a U.S. company | <input type="checkbox"/> Women owned business |
| <input type="checkbox"/> US Franchise | <input type="checkbox"/> Moroccan company | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Distributor of a U.S. brand | <input type="checkbox"/> Start-Up | |

Capital invested in Morocco in MAD:

Number of employees in Morocco:

Number of production units in Morocco:

Major Brands manufactured or represented:

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Do you export to the U.S.? Yes Non

If yes, what is the total export per year in MAD:

Do you import from the U.S.A? Yes Non

If yes, what is the total import per year in MAD:

Please choose your Membership Level from the following:

- Premium Membership**
- Non-Resident / Overseas Membership**
- Regular Membership:**
 - Annual sales more than 10 million MOR DH
 - Annual sales less than 10 million MOR DH
- Special Membership Startups and Women owned businesses**

Please return this form to the AmCham via e-mail to: a.mahdad@amcham.ma

Information Disclosure:

In respect of the personal data protection law (law 09-08), I hereby authorize the AmCham to use and disclose the information provided by our company in this membership application form.

Authorized Signature: _____