



BASPAG

Business Advisory Service Providers
Association of Ghana

“Stimulating progressive growth among SMEs through innovative and value-adding services”

BASPAG MEMBERSHIP FORM	
BAS Provider Name (Company)	
Contact Person	
Telephone	
Email Address/Website	
No. of Employees	
Office Location/ Address	
No. years in Business	
List at least 3-key Areas of Expertise/Specialties	
List Areas OR Sectors of Interest (eg Agriculture, Manufacturing, Energy, Health, Education etc)	
Emergency Contacts/Name	
List any Responsibilities/ Extra Value you can offer to the growth of the association <i>(Editing, marketing, social media, financing, networking, training, public speaking/presentations, proposal development, research, P etc)</i>	
Do you agree to pay dues to facilitate the running of the association to bring more opportunities to you? (YES/NO)	

By signing below, you are agreeing that all information provided in this application are true to the best of your knowledge. And you will contribute actively to the growth and success of the association.

Signature;

Date: DD/MM/YEAR

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