|  |  |  |  |
| --- | --- | --- | --- |
| Company Name:  MEMBERSHIP APPLICATION FORM | | | |
| Company Registration Number : | Year Established: | | |
| Company Contact Person 1:  Title:  E-mail Address at Company:  Mobile Phone: | Company Contact Person 1:  Title:  E-mail Address at Company:  Mobile Phone: | | |
| Company Address : | Company Mailing Address: | | |
| Company Website:  Company Facebook Account:  Company Twitter Account: | Fax Number: | Office Telephone Number: | |
| **Type of Business:**  Please select the appropriate category    Retail & Distribution  Manufacturing  Agriculture Service  Accounting  Other (please specify)  **Main Products and/or Services offered:**  1)  2)  3)  Provide a brief description of your business: | | |
| **Preferred Method of Contact:**  Telephone Fax Email  Other( Please specify) | | |
| Name of Bank: Branch: | | |
| **Membership Fee Structure**  No. of Employees Subscription Rate No. of Employees Subscription Rate  1-9 $1,000  36- 49 $4,500  10-19 $2,000  50+ $10,000  20-35 $3,000 | | |
| **Employee information:**  Number of Employees -Full Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part Time: \_\_\_\_\_\_\_\_\_\_\_  \*Please obtain a Certificate of Compliance from the National Insurance Corporation\* to be attached | | |

I hereby declare that the information provided here is accurate.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME SIGNATURE DATE**