|  |
| --- |
| 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**