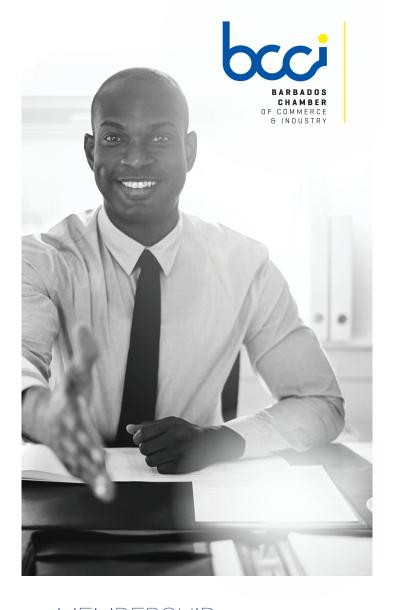
Two (2) Business References:			
1)			
2)			
Proposer:			
Signature			
Seconder:			
Signature			
Payment attached: \$			
Date:			
Balance due: \$			
Committees of Interest:			
Type of membership required:			
☐ Ordinary ☐ Associate ☐ Group			
Other Members Organisations:			

I certify that the information stated above is correct and agree with the terms of this application. I further certify that I am authorized to submit this Application on behalf of the company stated above.

Name:	
Signature:	

FOR OFFICIAL USE ONLY

Date application received:				
Membership Class:				
□ Not Approved				





T: (246) 434-4750 | F: (246) 228-2907 P.O. Box 109B, 2 Braemar Court, Deighton Road, St. Michael, BB14017, Barbados W.I. www.barbadoschamberofcommerce.com MEMBERSHIP APPLICATION

I (we) hereby apply for membership in the Barbados Chamber of Commerce and Industry and thereby contribute to the economic growth of Barbados.

My membership will be billed annually thereafter and run until written resignation is submitted.

Legal Name-Company/Association:	COMPANY DATA	Parent/Subsidiary/Affiliated or Associated Companies:	
	Year Established:		
Business Name:	Number of Employees:		
	Financial Year End:		
Physical/Mailing Address:	Type of Business Entity:	Actority At Law for Business.	
	Sector:		
Contact Person(s):	 Director(s)/Principals:	Banker:	
Main:		Ownership:	
	 Registration/Incorporation Number:	— □ Local □ Foreign □ Local & Foreign	
Alternate:	Registration/incorporation number.	Type of Business:	
		☐ Limited Liability ☐ Public Liability	
Telephone Number:		☐ Private ☐ Other	
Fax Number:	Brief Description of Business:	APPLICATION & SUBSCRIPTION FEES	
Email Address:		Please refer to the Subscription Fee Schedule which is published annually by the BCCI for the applicable Application and Subscription Fees.	
		Annual Subscriptions:	
Website:	Product(s)/Service(s) Provided:	(Calculated based on number of employees)	