

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: \_\_\_\_\_

Date of Ballot: \_\_\_\_\_

☐ Approved ☐ Not Approved

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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## 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:

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Business Name:

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Physical/Mailing Address:

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Contact Person(s):  
Main:

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Telephone  
Number:

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Email  
Address:

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Website:

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## COMPANY DATA

Year Established: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Financial Year End: \_\_\_\_\_

Type of Business Entity: \_\_\_\_\_

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Sector: \_\_\_\_\_

Director(s)/Principals: \_\_\_\_\_

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Registration/Incorporation Number:

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Date of Registration/Incorporation:

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Brief Description of Business:

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Product(s)/Service(s) Provided: \_\_\_\_\_

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Parent/Subsidiary/Affiliated or  
Associated Companies:

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Attorney-At-Law for Business: \_\_\_\_\_

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Banker: \_\_\_\_\_

Ownership:

☐ Local ☐ Foreign ☐ Local & Foreign

Type of Business:

☐ Limited Liability ☐ Public Liability

☐ Private ☐ Other \_\_\_\_\_

## APPLICATION & SUBSCRIPTION FEES

Please refer to the Subscription Fee Schedule which is  
published annually by the BCCI for the applicable  
Application and Subscription Fees.

Annual Subscriptions: \_\_\_\_\_

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(Calculated based on number of employees)

please continue overleaf