



# Application for Membership

## The Montego Bay Chamber of Commerce & Industry

Suite 4, Unit 19, M19 Southern Cross Boulevard, Montego Freeport, P.O. Box 213, Montego Bay  
Tel: (876) 952-6045 / 375 -3100 E-Mail: [admin@mobaychamber.org](mailto:admin@mobaychamber.org)  
Website: [www.montegobaychamberofcommerce.org](http://www.montegobaychamberofcommerce.org)

**NAME OF INDIVIDUAL** .....

**NAME OF COMPANY** ..... **Type Of Business:** .....

**BUSINESS ADDRESS:** .....

**MAILING ADDRESS:** .....

Telephone # ..... Fax# ..... E-Mail..... Website .....

TRN: .....

**BANKERS/BRANCH:** ..... **AUDITORS:**.....

**MEMBERSHIP CATEGORIES & FEES ARE BASED ON THE FOLLOWING GROSS ANNUAL TURNOVER BELOW (Tick the appropriate box).**  
Dues for new members will be adjusted on a time weighted pro-rata basis from the date of acceptance in the Chamber.

INDIVIDUAL/MICRO BUSINESS (0-20M)	SMALL BUSINESS (20-100M)	MEDIUM (100-500M)	LARGE (Over 500M)
\$20,000+ <b>\$3,000</b> =\$23,000	\$30,000+ <b>\$4,500</b> =\$34,500	\$40,000+ <b>\$6,000</b> =\$46,000	\$60,000+ <b>\$9,000</b> =\$69,000

**IF COMPANY, NAME TWO (2) PERSONS WHO MAY REPRESENT YOU AT CHAMBER MEETINGS**

1.	NAME	POSITION
2.	NAME	POSITION

**NAME OF INDIVIDUAL (S) WHO SOLICITED YOUR APPLICATION:**

**DECLARATION:**  
I / WE HEREBY APPLY TO BE ADMITTED AS A MEMBER OF THE MONTEGO BAY CHAMBER OF COMMERCE & INDUSTRY AND AGREE, IF ACCEPTED, TO ABIDE BY THE BY-LAWS OF THE CHAMBER

**SIGNED:** .....  
NAME
POSITION
SIGNATURE
DATE

**FOR OFFICIAL USE ONLY**

PROPOSED BY..... SECONDDED BY.....

FEE PAID :

SIGNED .....  
*PRESIDENT*
*DIRECTOR/SECRETARY*
*DATE*