



**SMALL BUSINESS
ASSOCIATION OF JAMAICA**

2 Trafalgar Road, Kingston 5
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MEMBERSHIP APPLICATION FORM

GENERAL INFORMATION			
NAME	Title: Mr. / Mrs. /Ms. /Dr. / Pro.	First name	Last Name
NAME (For Partnership Businesses)	Title: Mr. / Mrs. /Ms. /Dr. / Pro.	First name	Last Name
HOME ADDRESS			
CONTACT NUMBER	Home	WORK: Claro <input type="checkbox"/> Dig. <input type="checkbox"/> Lime <input type="checkbox"/>	CELL: Claro <input type="checkbox"/> Dig. <input type="checkbox"/> Lime <input type="checkbox"/>
BIRTHDAY / ANNIVERSARY			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
EMAIL ADDRESS			
EMERGENCY CONTACT	Name		Tel
BUSINESS INFORMATION			
BUSINESS NAME			
TITLE / POSITION			
BUSINESS ADDRESS			
BUSINESS CONTACT	TEL	FAX	CELL
EMAIL			
WEBSITE			
BUSINESS DETAILS			
IS YOUR BUSINESS REGISTERED?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
REGISTRATION INFORMATION	Registration No.		TRN No.
EXISTING / NEW BUSINESS	NEW <input type="checkbox"/>		Existing <input type="checkbox"/>
TYPE OF BUSINESS	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership	<input type="checkbox"/> Company Limited <input type="checkbox"/> Group /Co-operative	<input type="checkbox"/> Association <input type="checkbox"/> Other

BUSINESS CATEGORY			
Business Category		<input type="checkbox"/> Service	<input type="checkbox"/> Products
Select Category below:			
<input type="radio"/>	Service Provider	<input type="radio"/>	Wholesale / Distributor
<input type="radio"/>	Business Service	<input type="radio"/>	Retail Trader
<input type="radio"/>	Professional Service	<input type="radio"/>	Food Processor
<input type="radio"/>	Banking & Finance	<input type="radio"/>	Restaurant
<input type="radio"/>	Other (Specify):	<input type="radio"/>	Construction
<input type="radio"/>		<input type="radio"/>	Manufacturer
<input type="radio"/>		<input type="radio"/>	Hospitality / Tourism
<input type="radio"/>		<input type="radio"/>	Individual Membership
Number of years in operation:			
Target Market:			
Number of Employees:		Full Time <input type="text"/>	Part Time <input type="text"/> Total <input type="text"/>
PRODUCTS / SERVICES			
1)			
2)			
3)			
4)			
5)			
LEVEL OF MEMBERSHIP			
<input type="checkbox"/>	Micro Business (1-5 employees)	-	\$3,000.00
<input type="checkbox"/>	Small Business (6-20 employees)	-	\$10,000.00
<input type="checkbox"/>	Medium Business Enterprise (21-100 Employees)	-	\$15,000.00
<input type="checkbox"/>	Associated Company	-	\$15,000.00
<i>Note: Membership fees are due January of each year.</i>			
BUSINESS ASSISTANCE REQUIRED			
<input type="radio"/>	Advocacy	<input type="radio"/>	Business development
<input type="radio"/>	Advice of sources for financing	<input type="radio"/>	Marketing & Promotion
<input type="radio"/>	Business Counseling/Advice	<input type="radio"/>	Product design & development
<input type="radio"/>	Business Plan Service	<input type="radio"/>	Networking
<input type="radio"/>	Business Matching	<input type="radio"/>	Management Consultancy/Training
<input type="radio"/>	Assistance with Expos - Locally <input type="checkbox"/> Internationally <input type="checkbox"/>	<input type="radio"/>	Other: _____

EXPECTATIONS OF THE SBAJ		
❖		
❖		
OTHER INFORMATION		
Select the COMMITTEE of the SBAJ on which you would be willing to serve	<input type="checkbox"/> Membership Development <input type="checkbox"/> Public Relations <input type="checkbox"/> Fundraising	<input type="checkbox"/> Property Management <input type="checkbox"/> Policy & Ethics <input type="checkbox"/> Finance & Audit
How did you hear about the SBAJ?	<input type="checkbox"/> Word of mouth <input type="checkbox"/> Media <input type="checkbox"/> Meeting / event <input type="checkbox"/> Website <input type="checkbox"/> Correspondence <input type="checkbox"/> Referred by a SBAJ member? If so state name _____	
List in the SBAJ Business Directory?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you employed to another company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please state position and company name
What is your area of expertise / experience?		

I hereby certify that the information given herein is true and complete to the best of my knowledge.

Signature of Applicant _____ Date: _____

Release of information: (Place "X" in the appropriate box): I [] DO [] DO NOT want the above information released if requested by other members and/or to be provided to the membership-benefit companies affiliated with this organization. (Regardless of option checked, no information is released outside of this organization)..

Please provide copies of supporting documentation the business being registered for membership.

Thank you for applying for membership of the Small Business Association of Jamaica.

FOR OFFICIAL USE ONLY	
All information provided is confidential and is intended for sole use of the Small Business Association of Jamaica (SBAJ).	
Comments (Assessment Officer)	
Signature of Officer:	Director's Approval:
Membership Number:	Membership Category: