



Shop 7, Seabed Arcade, King Street, Kingston  
Tel: 610-9371, 289-9807, 774-2978. Email: [msmealliance@yahoo.com](mailto:msmealliance@yahoo.com); [msmealliance@gmail.com](mailto:msmealliance@gmail.com)

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**AFFILIATE MEMBERSHIP – BUSINESS APPLICATION FORM**

NAME OF APPLICANT: \_\_\_\_\_

BUSINESS TRN#: \_\_\_\_\_

\_\_\_\_\_ I confirm that the above named Business seeking membership is either a micro, small or medium sized enterprise.

**I have enclosed the following required items with this membership application:**

- \_\_\_\_\_ Payment of membership fees
- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Completed Business Background Information Form(s)
- \_\_\_\_\_ Evidence of legal registration of Business (*e.g. copy of Articles/Memo*)

\_\_\_\_\_ I have received the BYE-LAWS of THE MSME Alliance with my membership application

**I, the undersigned applicant, understand and agree that submission of this application does not ensure membership and that my application must first be approved by the Board of Directors, at its discretion. A written notice of approval or rejection will be provided. Where approved, I will provide written acceptance of approval, including the name(s) of the individual(s) appointed to represent the Applicant in meetings and other activities of The MSME Alliance within ONE month of approval.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF SIGNATORY:** \_\_\_\_\_

CONTACT INFORMATION: TEL \_\_\_\_\_ EMAIL: \_\_\_\_\_



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**BUSINESS INFORMATION FORM**

NAME OF BUSINESS: \_\_\_\_\_

NAME OF PRESIDENT: \_\_\_\_\_ TEL NOS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS/MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ WWW: \_\_\_\_\_

DATE BUSINESS WAS ESTABLISHED: \_\_\_\_\_

IS BUSINESS LEGALLY REGISTERED: \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, TYPE OF REGISTRATION & NUMBER: \_\_\_\_\_

NUMBER OF EMPLOYEES IN BUSINESS: \_\_\_\_\_ Full Time \_\_\_\_\_ Part time

**SECTOR TO WHICH YOUR MEMBERS BELONG: (Please Tick one if applicable)**

<input type="checkbox"/> Agriculture Forestry & Fishing	<input type="checkbox"/> Mining/Quarrying and Construction	<input type="checkbox"/> Manufacture	<input type="checkbox"/> Distributive Trade
<input type="checkbox"/> Professional Services	<input type="checkbox"/> Tourism, Entertainment & Cultural Services	<input type="checkbox"/> Information Technology & Communication	<input type="checkbox"/> Transport