



Shop 7, Seabed Arcade, King Street, Kingston  
Telephone: 610-9371, 7742978, 289-9807

Email: [msmealliance@gmail.com](mailto:msmealliance@gmail.com) / [msmealliance@yahoo.com](mailto:msmealliance@yahoo.com)

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## **DIRECT MEMBERSHIP – BUSINESS ASSOCIATION APPLICATION FORM**

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

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

Is your Business Association an umbrella Business Association: \_\_\_\_ YES \_\_\_\_ NO

If YES, please list each Business Association below and complete the attached “Business Association Background Information Form” for each:

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\_\_\_\_\_ I confirm that members of the above named Business Association seeking membership have businesses that are either micro, small or medium sized enterprises.

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

- \_\_\_\_\_ Payment of membership fees
- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Completed Business Association Background Information Form(s)
- \_\_\_\_\_ Evidence of legal registration of Business Association (eg., *copy of Articles/Memo*)
- \_\_\_\_\_ Evidence that leadership of Business Association has been democratically elected within the last 4 years (eg., *Minutes of AGM*)

\_\_\_\_\_ 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 ASSOCIATION INFORMATION FORM**

**BUSINESS ASSOCIATION NAME:** \_\_\_\_\_

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

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

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

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

**NAME OF SECRETARY:** \_\_\_\_\_ **TEL NOS:** \_\_\_\_\_

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

**NAME OF TREASURER:** \_\_\_\_\_ **TEL NOS:** \_\_\_\_\_

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

**BUSINESS ASSOCIATION ADDRESS/MAILING ADDRESS:** \_\_\_\_\_

**ANY OTHER ASSOCIATION MAILING ADDRESS** \_\_\_\_\_

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

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

**DATE BUSINESS ASSOCIATION WAS ESTABLISHED:** \_\_\_\_\_

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

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

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

**NUMBER OF MEMBERS:** \_\_\_\_\_ **NUMBER PAID UP MEMBERS:** \_\_\_\_\_

**SECTOR TO WHICH YOUR MEMBERS BELONG: (Please Tick ONE)**

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