

## THE PRIVATE SECTOR ORGANISATION OF JAMAICA

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## **CORPORATE MEMBERSHIP APPLICATION FORM**

Company		
Address:		
Primary Representative:		
Position		
Telephone:	Fax:	
E-Mail:	Website:	
Alternate Contact:		
Position:	Email:	
□Social Media:	Other:	
Gross Revenue/Annum: ☐\$0-40M ☐\$41-	99M □ \$100-200M	
☐ \$201-400M ☐ \$40	<u> </u>	
No. of Employees/Members:		
☐ Manufacturing ☐ Touris	ommunication/Technology m y/Environment	☐ Legal ☐ Media ☐ Retail ☐ Other
Briefly describe the nature of your business		
□ Please attach the following documents to the completed application form: □ Company's Profile □ Company's Certificate of Incorporation □ Company's Certificate of Registration □ Company's Tax Compliance Certificate □ Profiles of Directors/Major Shareholders & Executives  Are you a member of any other Association? If so, please state		
Signature of Applicant:	Date:	
<b>REFEREE INFORMATION:</b> For the final approval of all membership applications please provide the following information.		
Name of referee: Signature of referee: (Your referee must be an existing PSOJ member or the Company's Banker)		
Address:		
Telephone: E-Mail:		
Approved by Executive Committee on:		
Updated January 2016		