

THE PRIVATE SECTOR ORGANISATION OF JAMAICA

39 Hope Road, P.O. 236, Kingston 10, Jamaica: Tel: (875) 927-6238, Fax: 927-5137 Website: www.psoj.org Email: marketing@psoj.org

ASSOCIATION MEMBERSHIP APPLICATION FORM

Company			
Address:			
Primary Representative:			
Position			
Telephone:	Cellphone:		
Fax:			
E-Mail:	Website:		
Executive Assistant's Name			
Telephone	Email:		
-			
Telephone	Email:	••	
Marketing Manager's Name			
Telephone	Email:		
DSocial Media:	Other:		
Gross Revenue/Annum: [\$0-20M		••	
☐ \$101-150M	1 🔲 \$151-200M 🗌 \$201 - 300M		
	1 □ \$501-1B □>\$1B		
No. of Employees/Members:			
What sector best describes the indus			
Banking and Financial Services Manufacturing	☐ Telecommunication/Technology ☐ Legal ☐ Tourism ☐ Media		
	Energy Environment & Climate		
	Real Estate Other		
Briefly describe the nature of your business			
Please attach the following document			
Company's Profile	Company's Certificate of Incorporation Company's Tax Compliance Certificate		
Profiles of Directors/ Major shareholde			
Are you a member of any other association? If so, please state			
Signature of Applicant:	Date:		

REFEREE INFORMATION: For the final ap following information.	pproval of all membership ap	plications please provide the		
Name of referee:				
Address:				
Telephone:	F ax:	E-Mail:		
Approved by Executive Committee on:				
Updated February 2019				