

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

CORPORATE MEMBERSHIP APPLICATION FORM

Company								
Address:								
Primary Representative:								
Position								
Telephone:		Cellpho	ne:					
Fax:								
E-Mail: Website:								
Executive Assistant's Nam	e							
Telephone	elephone Email:							
Accounts Manager's Name								
Telephone								
•								
Marketing Manager's Nam								
•	Email:							
□Social Media:		<u>B</u>		Other:				
Gross Revenue/Annum:	\$0-20M \$101-150M \$301-500M	\$21-50M \$151-200M \$501-1B	\$201 - 300M					
No. of Employees/Member	ʻs:							
What sector best describe ☐ Banking and Financial Ser ☐ Manufacturing ☐ Agriculture ☐ Transportation	vices	Telecommunica Tourism Tenergy Environi Real Estate	tion/Technology ment & Climate	☐ Legal ☐ Media ☐ Retail ☐ Other				
Briefly describe the nature	of your busine	ess						
Please attach the following ☐ Company's Profile ☐ Company's Certificate of R ☐ Profiles of Directors/ Major	egistration	☐ Company's	s Certificate of Ir	ncorporation				
Are you a member of any other association? If so, please state								
Signature of Applicant:		D	ate:					

Name of referee: Signature of referee:						
(Your referee must be an existing PSOJ member or the Company's Banker)						
ddress:						
elephone:	. F ax:	E-Mail:				
approved by Executive Committee on	ı:					
Jpdated February 2019						