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APPLICATION FORM

(PLEASE USE BOLD PRINT)

Name of Company: _____

Address of Company: _____

Telephone: _____ Mobile: _____ Fax: _____

Website: _____ E-mail: _____

Year Established: _____ No. of Employees (Excluding Director): _____

Products Manufactured / Services Offered: _____

Brand Names: _____

CURRENT ANNUAL SUBSCRIPTION CATEGORY

RANGE OF TOTAL ANNUAL SALES/REVENUE:

Category of Membership: Indicate by a tick ✓ :

MANUFACTURERS:	PER ANNUM
0-\$25,000.00	<input type="checkbox"/> \$129.25
\$25,001.00 - \$100,000.00	<input type="checkbox"/> \$528.75
\$100,001.00 - \$250,000.00	<input type="checkbox"/> \$775.50
\$250,001.00 - \$600,000.00	<input type="checkbox"/> \$1,086.88
\$600,001.00 - \$1,000,000.00	<input type="checkbox"/> \$1,668.50
\$1,000,001.00 - \$2,000,000.00	<input type="checkbox"/> \$1,938.75
\$2,000,001.00 - \$3,000,000.00	<input type="checkbox"/> \$2,056.25
\$3,000,001.00 - \$8,000,000.00	<input type="checkbox"/> \$2,350.00
Over \$8,000,000.00	<input type="checkbox"/> \$2,937.50

ASSOCIATE MEMBERS (SERVICE COMPANIES): \$1,668.50

AFFILIATE MEMBERS: \$1,668.50

NAME OF DELEGATE TO REPRESENT THE COMPANY AT MEETINGS OF THE ASSOCIATION

Mr. /Mrs. /Ms. _____

Chairman/Managing Director/Manager: _____ Date: _____

NOTE: COMPANIES JOINING BETWEEN 1 MAY AND 31 OCTOBER OF ANY GIVEN YEAR MAY PAY HALF THE FULL SUBSCRIPTION FOR THAT YEAR