



Suite 201, Bldg # 8, Harbour Industrial Estate, St. Michael, Barbados W.I
Phone: (246) 426-4474 • Fax: (246) 436-5182
Email: admin@bma.bb www.bma.org.bb

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"/>	\$176.25
\$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):	<input type="checkbox"/>	\$1,668.50
AFFILIATE MEMBERS:	<input type="checkbox"/>	\$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

For Official Use Only

Date Approved: _____

Category: _____