



Membership Application Form

Business Information

Business Name: _____

Business Address: _____

Business Telephone: _____

Business Email: _____

Website: _____

Business Representative's Information

Name: _____

Title: _____

Email Address: _____

Mobile Phone : _____

Male

Female

Business Classification

Legal Classification

Sole Proprietorship

Partnership

Incorporation

Business Type: _____ Trade & Business License: _____

Number of years in operation _____

Products / Service Offered: _____



Please complete Reverse Side

Number of Full Time Employees

Caymanian _____ Non-Caymanian _____

Number of Part Time Employees

Caymanian _____ Non-Caymanian _____

Number of Owners

Caymanian _____ Non-Caymanian _____

• **List Business Category you would like to appear**

(I understand, that if the business category I have selected does not exist, the website administrator reserves the right to place my business in the 'next best' category available)

1. _____
2. _____
3. _____

• **How did you hear about the CISBA?**

Media	CISBA Website	Friend/Colleague
Meeting	Word of Mouth	Other

If other please specify _____

• **What are your expectations of the CISBA?**

Category of Membership

Categories of Membership

Small - (Up to 12 employees and up to \$750,000 revenue/yr.)

Micro - (1-4 employees and up to \$250,000 revenue per yr.)

Type of Membership: Small Micro



I hereby certify that the information provided is accurate to the best of my knowledge.

1 year Membership CIS\$150.00 per business.

Payment to be Online at Cayman National

Member Signature: _____

Date: _____