



Women Business Owners (Ja.) Ltd. (WBO)

1C Braemar Road

Kingston 10

womenbusinessownersja.com

WBO Application for Membership

“Partnering for Economic Success”

A. PERSONAL DATA

1) Personal Title: Ms. [] Mrs. [] Miss []

2) Last Name Middle Initial First Name

3) Mobile No.: _____ Home No.: _____

Email address: _____

4) Company Profile and Certificate of Incorporation or Proof of Registration

Attached: Yes [] No []

If no, application will NOT be processed until document is received.

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B. BUSINESS INFORMATION *(Please attach a business card)*

1) Are you a past or current participant in any of our WBO/IDB programme?

Yes _____ No _____ Year _____

2) Business Name: _____

3) Business Address: _____

4) Business Telephone: _____ Facsimile: _____

3i) Email : _____ Website: _____

B (i). TYPE OF BUSINESS (*Tick the appropriate box*)

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Auditing Services | <input type="checkbox"/> Human Resource Mgmt. /Development |
| <input type="checkbox"/> Advertising/Marketing/Public Relations | <input type="checkbox"/> Agriculture/Aquaculture/Horticulture |
| <input type="checkbox"/> Architectural Services | <input type="checkbox"/> Interior/Exterior Design |
| <input type="checkbox"/> Banking/Financial Services/Insurance | <input type="checkbox"/> Cleaning/Janitorial Services |
| <input type="checkbox"/> Legal Services | <input type="checkbox"/> Computer/Services/Software/Supplies/ |
| <input type="checkbox"/> Management Information Technology | <input type="checkbox"/> Construction Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Entertainment Services | <input type="checkbox"/> Environmental Services |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Restaurant/Catering Services |
| <input type="checkbox"/> Retail Services | <input type="checkbox"/> Graphic Designs |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Hospitality/Hotel/Bed & Breakfast | <input type="checkbox"/> Other (Please specify) |

C. SERVICE TO ORGANISATIONS

Are you currently acting or have acted on any Board/Committee or Councils, in the Public/Private Sectors in the past three (3) years? If yes, please list all.

D. SECURED PROFILE

(This information will be vetted only by the membership committee and will assist in the decision making process when considering the application).

1. What is the ownership structure of your business?

Sole Trader Limited Liability Partnership Industrial & Provident Society

Other (Please specify) _____

2. What percentage do you own? _____

3. What year did you start your business?

4. How large is your organization?

- 1-9 employees 21-50 employees
- 10-20 employees over 50 employees

5. Please indicate the level of your annual turnover (*tick the appropriate box*):

N.B. - The level of your annual turnover determines membership category and MUST be completed:

- \$1 – \$10 million \$10 – \$100 million >\$100 million

Signature and Membership Agreement:

"By submitting this application, I certify that all the information is true and complete and I hereby apply for membership in WBO, and have read and understand the qualifications of membership and membership dues and fees. I understand that I may terminate my membership in WBO at any time with prior 30-day written notice and understand that the annual membership fee is nonrefundable. Upon submission of my membership application, I will receive notification of my acceptance into WBO. I further understand that my membership application may be denied after review and consideration and that my membership application is not a guarantee of acceptance.

Signature of Applicant: **Date:**

For completion by WBO Membership Committee only: Date of Approval: _____

Corporate Member >\$100M	
Associate >\$10M and <\$100M	
Affiliate (Corporate)	
Affiliate (programme Alumni) <\$10M	
Honorary Member (by invitation)	