# ASSOCIATE MEMBERSHIP APPLICATION

Established in 1965, the Cayman Islands Chamber of Commerce is regarded as the ultimate business resource in the Cayman Islands. The mission of the Chamber's more than 600 members is to **SUPPORT, PROMOTE and PROTECT** Community & Business success. To join our thriving organisation please fill out this application form and return it to the Cayman Islands Chamber of Commerce. One of our membership professionals will contact you shortly to confirm your application. YOU are our priority.

Name: _____

Contact Name: _____ Title: _____

Mailing Address: _____

Telephone: _____ Fax Number: _____ Cell: _____

Email: _____ Website URL: _____

Directors: _____

Description of your organisation: _____

_____

_____

_____

Main Contact: _____

Telephone: _____ Cell: _____ Email: _____

Marketing/Public Relations Contact: _____

Telephone: _____ Cell: _____ Email: _____

Human Resources Contact: _____

Telephone: _____ Cell: _____ Email: _____

Would you be interested in possibly serving on a committee/task force: YES ☐ NO ☐

If YES, what areas of particular interest: _____

_____

_____

_____

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**Referral:**
*Do you know of another company that would benefit from Chamber membership? Please let us know:*

Business Name: _____

Contact Name: _____ Title: _____

Phone Number: _____ Fax: _____

# ASSOCIATE MEMBERSHIP INVESTMENT

| | | |
|---|---|---|
| Non-Voting Member/Religion/Not-For-Profit (under 10 members)/Overseas | **CI $192.00 / US $234.15** | ***Please note a one time administration fee of $25 is INCLUDED in these fees. You will pay $25 less than these figures when you renew.*** |

***As an initiative to support businesses on Cayman Brac and Little Cayman, the Chamber Council has reduced membership fees for these businesses by 50%.***

Number of Members: _____ Amount Enclosed: _____

**Cheque Enclosed** YES ☐ NO ☐ Cheque# : _____ Issuing Bank: _____

**Or pay by credit card:**

Type: Mastercard ☐ Visa ☐

Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry: ☐☐ ☐☐

Signature: _____ Date: _____

**Documents Required**

**If a Not-for-Profit or Charitable organisation in the Cayman Islands**
- A copy of Certificate of Incorporation AND/OR
- A copy of letter from Cabinet designating the firm as a charitable organisation

**If an Overseas trading company or conducting business:**
- Current License (LLC) OR
- A copy of receipt of the renewal payment OR
- If any other current operating license of receipt of renewal (Health Practitioners License/Hotel Operating License)

**We agree to abide by the Chamber's Better Business Council Code of Ethics in our daily operations**
- To adhere to truth and integrity in advertising, so as not to mislead consumers
- To display and honour your policies on refunds, exchanges, deposits & layaways
- To provide service before, during and after the sale
- To furnish and honour warranties and guarantees promptly and courteously
- To respond promptly to any written or oral complaints by a consumer or Better Business Council
- To operate in an honest and trustworthy manner in accordance with the best accepted practices within the industry and community
- To comply with all applicable laws and government rules and regulations
- To recognise and respect the rights of competitors
- To strive for the continued improvement of our community's image and reputation
- To support the concept of, and abide by the regulations of the Better Business Council

Name: _____ Title: _____

Signature: _____ Date: _____