



2012 MEMBERSHIP APPLICATION FORM

PLEASE COMPLETE ALL FORMS

and attach copies of Company Registration and FIB Certificate (if foreign investor) deliver your membership payment to:

Solomon Islands Chamber of Commerce and Industry,
2nd Floor, NPF Building, Honiara

Or post to PO Box 650
Honiara, Solomon Islands

APPLICANT DETAILS

Company Name:	
Trading Name:	
Business Address:	
Postal Address:	
Telephone:	
Facsimile:	
Company Website:	
General Manager/CEO:	
Email Address:	
Telephone:	

MEMBERSHIP CATEGORY

Category of SICCI membership:

- 1-19 employees (annual fee is \$1,250)
- 20-49 employees (annual fee is \$2,500)
- 50-99 employees (annual fee is \$5,000)
- 100+ employees (annual fee is \$10,000)
- Affiliate membership (annual fee is \$3,000)

BUSINESS CONFIDENCE SURVEY FOR MEMBERS

Have you completed the Business Confidence survey for members?

- Please tick once completed



Solomon Islands Chamber of Commerce & Industry

Chief Executive Officer

Solomon Islands Chamber of Commerce and Industry

P.O. Box 650

Honiara

Dear Sir/Madam,

I, (a)....., (b).....

on behalf of (c).....,

being a company/organization duly registered in the Solomon Islands, hereby apply on behalf of the company/organization for membership to the Solomon Islands Chamber of Commerce and Industry (Chamber).

The company/organization accepts and agrees to pay the appropriate annual subscription fee in accordance with the Constitution and Rules of the Chamber, on advice that this application for membership has been accepted.

Full details of the applicant company/organization are provided in the required form to this application.

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Signature

.....

Date

Notes:

- (a) Full name of person making application
- (b) Designation
- (c) Name of Enterprise making application