



**THE PRIVATE SECTOR ORGANISATION OF JAMAICA**

39 Hope Road, P.O. 236, Kingston 10, Jamaica: Tel: (876) 927-6238, Fax: 978-2709

Website: [www.psoj.org](http://www.psoj.org)

Email: [jodir@psoj.org](mailto:jodir@psoj.org)

**INDIVIDUAL MEMBERSHIP APPLICATION FORM**

**Name** .....

**Address:** .....

**Place of employment:**.....

**Position**.....

**Telephone:** ..... **Cell:**..... **Fax:**.....

**E-Mail:**..... **Website:**.....

**Alternate Contact:**.....

**Position:** ..... **Email:** .....

**Social Media:**  .....  ..... **Other:**.....

**Are you a member of any other Association? If so, please state** .....

.....

**Please attach a personal profile of yourself and submit with completed application.**

**Personal profile submitted**

**Signature of Applicant:** ..... **Date:** .....

**REFeree INFORMATION:** For the final approval of all membership applications please provide the following information.

**Name of referee:** ..... **Signature of referee:** .....  
(Your referee must be an existing PSOJ member or your Banker)

**Address:** .....

**Telephone:** ..... **Fax:** ..... **E-Mail:** .....

**Approved by Executive Committee on the** .....day of ....., 2016