



THE PRIVATE SECTOR ORGANISATION OF JAMAICA

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Website: www.psoj.org

Email: marketing@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 theday of, 2019