



Embracing Opportunities & Challenges

MEMBERSHIP APPLICATION FORM

Company Information

NAME OF BUSINESS:	
MAILING ADDRESS:	
BUSINESS TELEPHONE/MOBILE NO:	
FAX:	
EMAIL ADDRESS:	
BUSINESS WEBSITE:	
BUSINESS DESCRIPTION:	

Company Representative

NAME OF REPRESENTATIVE/CONTACT:	
TITLE:	

Services* <input type="checkbox"/>	Nature of Business (tick one)	Non-Profit <input type="checkbox"/>
Wholesale <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	Other** <input type="checkbox"/>
Retail* <input type="checkbox"/>	Accommodation <input type="checkbox"/>	
Distribution <input type="checkbox"/>	Construction <input type="checkbox"/>	
	Agriculture <input type="checkbox"/>	

*Indicate type (e.g. Financial, IT, e-Commerce, Professional, Catering, Beauty, Clothing, Food etc.)

** Please specify

Tel: (767) 449-1962
Cell: (767) 235-1962
Email: daic@cwdom.dm

Dominica Association of Industry & Commerce
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Roseau, Dominica

www.dominicachamber.com
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Tell us about more about your business and expectations.

1. How long have you been in business?

2. How many persons are employed by your business?

Full-time

Part-time

3. Have you been a Member of DAIC before?

Yes

No

4. If "Yes", why did you leave?

5. What reasons make you want to rejoin?

6. What type of services/assistance would you like to receive from the DAIC?

7. Identify areas considered to be high priority for training and development in your organization?



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8. What do you see as your biggest business challenge to date?

9. Give your understanding of the purpose of DAIC?

List three (3) things you would like to see happen as a Member this year?

1)

2)

3)

Can you recommend a potential member to DAIC?



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Membership Annual Dues

NUMBER OF EMPLOYEES	SUBSCRIPTION RATES (EC\$)	SELECT ONE
Individual	200.00	
2 to 4	500.00	
5 to 10	850.00	
11 to 25	2,000.00	
26 to 59	2,500.00	
60 to 99	3,000.00	
≥100	4,000.00	

Signature: _____

Date: _____

Please make cheque payable to the Dominica Association of Industry & Commerce

For Office Use Only

Date Received: _____

Method of Payment: _____

Received By: _____

Receipt #: _____