



Cor. Chaguanas Main Road & Connector Road, Chaguanas.
E-mail: supermarketassociation@gmail.com

APPLICATION FOR MEMBERSHIP

Trade Name of Business: _____

Address Line 1: _____

Name of Contact/Owner: _____

E-Mail Address: _____

Business Contact: _____ Cell Contact: _____

Fax Number: _____

Please select Category of Business:

- Chains – more than 1 outlet - \$1000.00 plus \$100 per outlet per annum
- Large Supermarkets/Importers and Distributors, above 7 checkouts - \$700.00 per annum
- Medium-sized Outlets/Importers and Distributors, 4-7 checkouts - \$500.00 per annum
- Small Supermarkets/Mini-marts, Bars, 1-3 checkouts - \$300.00 per annum

I hereby apply to be a member of the Supermarket Association of Trinidad and Tobago and agree to abide by the Constitution of the Association.

I enclose herewith the sum of \$ which represents annual membership fee for the year 20__.

.....
Signature of Applicant

.....
Dated

FOR OFFICIAL USE

Date Application Received: _____

Sum Received: \$ _____

Receipt #: _____

Treasurer of SATT

Date