



CUSTOMS BROKERS ASSOCIATION OF BELIZE

P. O. Box 2498
Belize City, Belize

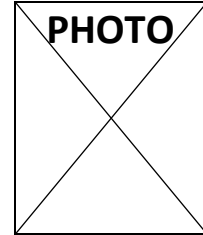
Telephone: 610-5190
E-mail: customsbrokersbelize@gmail.com

MEMBERSHIP FORM

Station: _____

BROKER

CLERK



PERSONAL INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

CELL # ()

EMAIL ADDRESS

Day Month Year

D.O.B. / /

PLACE OF BIRTH

M **F**

EDUCATION / PROFESSIONAL INFORMATION

EDUCATION BACKGROUND:

SIXTH FORM

HIGH SCHOOL

PRIMARY SCHOOL

OTHER (State other equivalent courses, seminars or workshops)

COMPANY ADDRESS: _____

YEARS OF EXPERIENCE: _____

DECLARANT CODE: _____

REFERENCES:

When a Clerk is applying, the applicant's Broker should be the recommender. For a Broker, the applicant should seek recommendation from either a registered Broker of the Association or a Customs OIC .

NAME	ADDRESS	CONTACT NO.

I hereby apply for membership to the Customs Brokers Association of Belize. I agree to pay the Application Fee of \$100.00 and annual dues of \$180.00 (Broker) or \$50.00 (Clerk). I will also abide by the rules and Code of Ethics so that we may carry out the objectives of the Association for the benefit of all members.

Signed: _____

Date: _____

OFFICIAL USE ONLY:

APPLICATION RECEIVED BY: _____ *DATE:* _____

APPROVED BY: _____ *DATE:* _____
