



CORPORATE MEMBER APPLICATION

Please complete this form and return it along with a cheque for CI\$100 made payable to *Cayman Crime Stoppers* to:

Cayman Crime Stoppers,
c/o Kerry Pratt, Cayman Islands Chamber of Commerce,
P.O. Box 1000 | Grand Cayman KY1-1102 | CAYMAN ISLANDS

Physical Address: Macdonald Square, 2nd Floor, Fort Street, George Town

Please direct application queries only to: kerry.pratt@caymanchamber.ky

Date: _____

Organisation Name:

Organisation Mailing Address:

Contact Name:

Tel: _____ **Email:** _____ **Fax:** _____

Please include me on circulation of SMS and email crime-alerts and general CCS communications:

Please tick



Billing address (if different from above):

I would like to register to my organization to become a corporate member of Cayman Crime Stoppers and agree to pay a membership fee of CI\$100 upon receipt of invoice.

Signature: _____

Date: _____

Name: _____

Title: _____

(Do not write below this line)

Membership Approved

Signature: _____

Date: _____
(Chairman)