



**Membership Registration Form  
Belize Coalition of Service Providers**

**To register: Complete this form, include the payment information, and return to BCSP. Payment must accompany the registration.**

**MEMBERSHIP TYPE – Association of Associations – BZD \$500.00 Annual**

**Service Association Name**

**Date**

**Primary Contact**

**First Name:**

**Last Name:**

**Phone:**

**Email:**

**Position:**

**Secondary Contact (if any)**

**First Name:**

**Last Name:**

**Phone:**

**Email:**

**Position:**

**Association Details**

**Registration/Incorporation Date:**

**Address:**

**Phone:**

Email:

City/Town:

Country:

Number of representative Associations in the Association:

Service Sector:

**PAYMENT INFORMATION**

Check       Cash

1 year    2 years    3 years    4 years

Total Amount: BZD \_\_\_\_\_

**Please return registration form and payment to:**

**Belize Coalition of Service Providers**  
**5620 Lizarraga Ave.**  
**King's Park Area**  
**Belize City, Belize**  
**(501)-223-4785**

