



**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 – Provisional Member – BZD \$50.00 Annual

Service Provider Name

Date

Primary Contact

First Name:

Last Name:

Phone:

Email:

Address:

City/Town:

Country:

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

