



MEMBERSHIP APPLICATION

TITLE: Mr. Mrs. Ms. Dr. Prof.

SEX: MALE FEMALE

NAME:

(LAST)

(FIRST)

(MIDDLE)

COUNTRY OF BIRTH:

DATE OF BIRTH:

EMPLOYER:

JOB TITLE:

MAILING ADDRESS:

PRIMARY EMAIL:

SECONDARY EMAIL:

PHONE:

ANNUAL MEMBERSHIP FEES

Address invoice to Company

INDIVIDUAL MEMBERSHIP - TT\$360

STUDENT MEMBERSHIP - TT\$120

CORPORATE MEMBERSHIP:

Silver TT\$960

Gold TT\$2,000

Platinum TT\$3,000

I hereby apply for membership with BCMIE Caribbean and agree to abide by the organization's Code of Ethics. (Ref: Section 11 of By-Laws)

DATE:

Signature:

Code of Ethics: All members or their representatives shall:

- i. *Conduct themselves and their activities in accordance with applicable local laws and regulations*
- ii. *Abide by the Bylaws, approved policies and procedures of BCMIE Caribbean.*
- iii. *Demonstrate mutual respect and courtesy in their conduct.*
- iv. *Promote good Business Continuity Management practices and principles at all times;*
- v. *. Preserve the confidentiality of all proprietary or sensitive information (whether written or verbal) disclosed by others in the course of professional, educational or networking activities;*
- vi. *Preserve the confidentiality of all proprietary or sensitive information (whether written or verbal) disclosed by others in the course of professional, educational or networking activities;*
- vii. *Ensure that responsibilities are discharged with integrity, diligence and in a professional manner;*
- viii. *Refrain from any activities that might constitute a conflict of interest or otherwise damage the reputation of the BCMIE Caribbean, its members and stakeholders and the business continuity profession.*
- ix. *Ensure that the BCMIE Caribbean, name and logo are used only in the conduct of BCMIE Caribbean - related business.*
- x. *Ensure that guests who are invited to BCMIE Caribbean events are aware of the Organization's **Code of Ethics**.*

Please return this form by email to bcmiecaribbean@gmail.com