

Mission: to promote, develop & empowering women's participation in the private sector as business owners

**APPLICATION FORM FOR NEW MEMBERSHIP**

**A: Personal Information**

Name: \_\_\_\_\_ Business Registration No :( if any) \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Location: \_\_\_\_\_ P.O. Box No: \_\_\_\_\_  
 Number of staff employed: \_\_\_\_\_ Year of started: \_\_\_\_\_  
 Contacts      Mobile: \_\_\_\_\_ Landline: \_\_\_\_\_  
                     Email: \_\_\_\_\_ Websit: \_\_\_\_\_

**B: Business Details**

**Tick any of the following or detail of other:**

Floral	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Handicraft	<input type="checkbox"/>	Media	<input type="checkbox"/>
Food Processing	<input type="checkbox"/>	Food/Catering	<input type="checkbox"/>	Canteen	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Consultancy Services	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	Accounting	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
Provident Services	<input type="checkbox"/>	Secretarial	<input type="checkbox"/>	Screen Printing	<input type="checkbox"/>	Hair/Beauty	<input type="checkbox"/>
Export	<input type="checkbox"/>	Import	<input type="checkbox"/>	W/Sales & Retail	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>

Others. Please Specify: \_\_\_\_\_

**C: Membership Fees**

Membership Fees according to number of employees. (Please indicate by ticking)

Sole Trader (Individual)	\$100	<input type="checkbox"/>	11 – 20 Employees	\$400	<input type="checkbox"/>
2 – 5 Employees	\$200	<input type="checkbox"/>	21 – 30 Employees	\$500	<input type="checkbox"/>
6 – 10 Employees	\$300	<input type="checkbox"/>	31 & Above Employees	\$500	<input type="checkbox"/>

**D: Educational Background (Please tick where applicable)**

**Primary Education**  
Tick where applicable

Std 1 - 6

**Secondary Education**

Form 1-3

Form 4-5

Form 6

Form 7

**Tertiary Education**

SICHE

University

**Qualification**  
Tick where applicable

**Qualification**

**Qualification**

**E: Training Needs**

Briefly explain areas you would need training on

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

Applicants Signature: .....

.....

**F: For Office Use Only**

Amount Paid: .....

Signature: .....

Receipt No: .....

Date: .....

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