

CORPORATE MEMBERSHIP APPLICATION FORM

1. GRADES OF MEMBERSHIP (Please tick only one box.)

Corporate Member <input type="checkbox"/> Institutional Affiliate <input type="checkbox"/>	PREVIOUS GRADE OF MEMBERSHIP AND MEMBERSHIP NO.: GRADE: <input style="width: 100%;" type="text"/> Membership No.: <input style="width: 100%;" type="text"/>
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2. CORPORATE INFORMATION (PLEASE USE BLOCK LETTERS)

NAME OF ORGANIZATION (Write as given by registrars of companies/societies):		
COMPANY REGISTRATION NO. (if applicable):	DATE ESTABLISHED (dd/mm/yyyy):	
PHYSICAL ADDRESS:	POSTAL ADDRESS:	
CITY:	CITY:	
COUNTRY:	COUNTRY:	
CORPORATE PHONE NO:	EMAIL:	WEBSITE:

3. CONTACT PERSON(S)

NAME:	NAME:
POSITION:	POSITION:
CONTACT EMAIL ADDRESS:	CONTACT EMAIL ADDRESS:

4. TYPE OF ORGANISATION

SECTOR	INDUSTRY		
Public: <input type="checkbox"/>	<input type="checkbox"/> Advertising/Marketing/PR <input type="checkbox"/> Agriculture/Chemicals/Forest Products <input type="checkbox"/> Automotive <input type="checkbox"/> Computers/Electronics <input type="checkbox"/> Construction <input type="checkbox"/> Consumer Goods	<input type="checkbox"/> Education (includes students) <input type="checkbox"/> Energy/Mining/Water <input type="checkbox"/> Finance/Insurance/Real Estate <input type="checkbox"/> Government/Military/Public Service <input type="checkbox"/> Hospitality/Recreation <input type="checkbox"/> Media/Publishing/Entertainment	<input type="checkbox"/> Medical/Health Services <input type="checkbox"/> Pharmaceuticals <input type="checkbox"/> Retail <input type="checkbox"/> Services <input type="checkbox"/> Telecommunications/Networking <input type="checkbox"/> Travel/Transportation Other <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>

Please supply certified copies of certificates and a transcript of any degrees.

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5. HUMAN RESOURCE RECORD

Name of MD/President/CEO/Chairperson	Total No. of Employees	No. of ICT Technicians	No. of ICT Personnel

6. CRIMINAL RECORD

HAVE YOUR CORPORATION EVER BEEN INDICTED, OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED OR ONE OF THE SENIOR EXECUTIVE MEMBERS IMPRISONED FOR THE VIOLATION OF ANY LAW?

YES NO

If "yes", give full particulars of each case in an attached statement.

7. CONSENT

I _____ on behalf of my organization/company, _____ hereby apply for the membership of the Botswana Information Technology Society, and if elected, my organization will endeavor to maintain the dignity and welfare of the Society, and of its members; and will abide by the Constitution the Society

I confirm that by signing this application form, I have read and understood [BITS data protection policy](#) and agree to the processing of my personal information as outlined therein. I further agree to hold BITS harmless from any claims or liabilities arising from the use or disclosure of my data provided in this application, unless caused by gross negligence on their part. I attached herewith-certified copies of my credentials for proof of my organization's identity.

DATE:

SIGNATURE:

OFFICIAL USE ONLY

APPROVER	NAME	DATE	RECOMMENDED GRADE	SIGNATURE
BITS President				
Finance Committee				
Membership Committee				

This applicant is admitted for _____ grade as per the recommendation of the Membership Committee and as approved above.

Membership Number: _____ Date of Enrolment: _____ Certificate Issued On: _____

Signature of Secretary General: _____ Date: _____

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AVAILABLE MEMBERSHIP GRADES

SMALL ENTERPRISE MEDIUM ENTERPRISE LARGE ENTERPRISE INSTITUTIONS

GRADE	DESCRIPTION	ANNUAL SUBSCRIPTION
Corporate Member	Both ICT and non-ICT staff members	BWP1000.00

* Administration Fee (New applications only) BWP **250.00**

Payments for the subscription can be made by cash, cheque, deposit or bank transfer into the following account: Account Name: **Botswana Information Technology Society** Bank: **First National Bank** Account Number: **57360029014** Account Type: **Current** Branch: **Mall Branch**