

**ANTIGUA AND BARBUDA (FINANCIAL SERVICES) COMPLIANCE ASSOCIATION**

**MEMBERSHIP APPLICATION FORM**

**NAME OF ORGANISATION** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**APPLICANT'S NAME** \_\_\_\_\_

**POSITION/TITLE** \_\_\_\_\_

**YEARS IN AML COMPLIANCE** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**FAX** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**EXISTING ASSOCIATION MEMBERSHIP**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[*ABCA Approval* \_\_\_\_\_ *Date Approved:* \_\_\_\_\_]

**Brief biography of applicant's experience and qualifications in the AML/CFT field must be submitted with Membership Application.**

Please forward this application form, along with a cheque for EC\$1,000.00 for corporate membership or EC\$300.00 for individual membership, made payable to Antigua & Barbuda (Financial Services) Compliance Association. (Corporate membership includes the registration of four members.)