



Membership Renewal Form

Please send your completed form and \$200 membership fee (cheques payable to The Bahamas Association of Compliance officers) to:

The Bahamas Association of Compliance of Officers

Treasurer: Pauline Seymour

Payment confirmation should be sent to: info@bacobahamas.com

MEMBER INFORMATION		
Name:		
Home phone:	Cell:	
Home address:		
MEMBERSHIP INFORMATION		
Please list year of acceptance as a member of BACO		
Is your BACO membership in good standing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
What is the category of membership that you hold with BACO?	Associate Membership <input type="checkbox"/>	CCP (Certified Compliance Professional) <input type="checkbox"/>
State the number of years of experience that you have held in the compliance profession:		
EMPLOYMENT INFORMATION		
Company:		
Company address:		
Phone:	Fax:	
E-mail:		
SIGNATURE		
I authorize the verification of the information provided on this form as to my personal and employment information.		
Signature of applicant:		Date:

"Committed to Compliance"

www.bacobahamas.com