

# 2024 MEMBERSHIP RENEWAL FORM

## Name of Company:

Mailing Address:						
Phone:						
Head of Company Name:						
Title:	Email:	Tel:				
Primary Contact/Operat	ional Manager / COO / Na	ame:				
Title:	Email:	Tel:				
Tax Person/CFO Name:						
Title:	Email:	Tel:				
H/R Contact Name:						
Title:	Email:	Tel:				

#### SPECIAL NOTES / ADDITIONAL CONTACTS:



## **2024 ABIC FEE MATRIX**

EMPLOYEES		NET ASSETS				
	From 0-3	\$1,387		Below \$250M	\$-	
	4-9	\$2,017		from \$250M to \$500M	\$ 1,008	
	10-19	\$ 3279		from \$500M to \$1000N	1 \$ 2,017	
	20-29	\$ 4539		\$1 Billion plus	\$ 2,900	
	30-99	\$ 5928		Not disclosed	\$ 2,900	
	100 & abov	e \$7,188				
			Employee	es \$		
			Net Asset	s \$		
			Total Due for membership \$			

"Net Assets" is to be defined as "owned" as opposed to "under management" Total due for membership = Employees + Net Assets

#### Methods of Payment:

- Membership Form and Fee Matrix should be completed and scanned to <u>mjennings@abic.bm</u>.
  We will issue you an invoice based on the Fee Matrix.
- ° Direct Deposit:

Association of Bermuda International Companies Butterfield Bank BD\$ A/C# 20-006-060-592675-100 US\$ A/C# 20-006-840-592675-100

Ref: [ Your Company Name ]

#### THANK YOU FOR YOUR CONTINUED SUPPORT