



## Supermarket Association of Trinidad and Tobago (SATT) Membership Form 2026

This form will be used to update the records of the Supermarket Association of Trinidad and Tobago (SATT).

Date \_\_\_\_\_

New Membership

Renewal

### SECTION I Business Information:

Please complete ALL the following questions-

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of CEO etc.: \_\_\_\_\_

Website \_\_\_\_\_

Social Media Handles \_\_\_\_\_

No. of Employees: Full-time (     ) Part-time (     )

Subsidiary of: \_\_\_\_\_

Business Sector: \_\_\_\_\_

### SECTION II Contact Information:

#### Primary Contact Name:

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Number: \_\_\_\_\_

Mobile/Whatsapp Number: \_\_\_\_\_

#### Secondary Contact Name:

Job Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Number: \_\_\_\_\_

Mobile/Whatsapp Number: \_\_\_\_\_



**SECTION III Annual Membership Fees:**

Please select a membership category:

New Member:

One-time registration fee \$1000

Supermarket Member:

Independent Supermarket (1–3 Checkouts) \$750.00

Independent Supermarket (2 or more Checkouts): \$2,000.00

Supermarket Chains:

Base fee (2 stores): \$2,000.00

For each additional store (over 2) (Up to a max total of \$2,000.00) \$200.00

No. of additional stores: \_\_\_\_\_

Total Due: \_\_\_\_\_

Associate Member (all non-supermarket organizations):

Associate Member Fee \$2500.00

**SECTION III Information Update**

Current Members Only - please include any changes to your previous registration information:

Additional Checkouts \_\_\_\_\_

Additional Stores \_\_\_\_\_

**SECTION IV Payment Information:**

- **Direct Deposit via:**  
Republic Bank Limited  
Branch: Arima  
Type: Chequing  
Account No. 460467835201

- Make **Cheques** payable to: The Supermarket Association of Trinidad and Tobago

**ACH Payments:** Please include the invoice number in the subject line of your payment for our records.



**SECTION V Please complete your application form by sending:**

Application authorised by:

Print Name :

Job Title

Date:

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**N.B. Please email this completed registration form to [membership.satt@gmail.com](mailto:membership.satt@gmail.com).**

**Membership Process**

1. Submit Registration Form  
Complete and submit the membership registration form for processing.
2. Receive Invoice & Make Payment  
Once your form is reviewed and processed, an invoice will be generated and sent to you via email.
3. Send Proof of Payments & Documents  
Email your proof of payment along with any additional required documents to: [membership.satt@gmail.com](mailto:membership.satt@gmail.com).

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**SECTION VI SATT Use Only**

Date Received:

Date Approved

Payment Details :

Membership Category:

Processed By:

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