

PARTICIPATION FORM

Date: _____

MY ESTABLISHMENT HONOURS *Our Golden Citizens*

Yes, my business will participate in the Golden Citizens Program

Name of Business:	
Name of Contact Person:	
Number / Street Name:	
Postal Address:	
City / Town / Village:	
District:	
Phone No.:	
Fax No.:	
Email Address:	
Website Address:	

BENEFITS TO BE PROVIDED BY MY BUSINESS TO OUR GOLDEN CITIZENS ARE:

I. Financial Benefit :

Discount _____ Free _____

Other Financial Benefit (Specify) _____

II. Special Service (suggestions)

Priority Seating

Home Delivery

Special Customer Service Line

Other Service: _____

Access to Toilet Facilities

Other Service: _____

LIMITATIONS / RULES: _____

Please send me _____ (# of) Gold Decals.

NAME, JOB TITLE (*in block letters*)

SIGNATURE

KINDLY FAX, OR MAIL THE COMPLETED QUESTIONNAIRE TO:

SOCIAL SECURITY BOARD
Public Relations Department

ATTN: Alba Franco
Bliss Parade
P. O. Box 18
Belmopan, Cayo District

Tel. 822-2163 or 822-2513

Fax. 822-3331

Email: rtoombs@socialsecurity.org.bz

Website: www.socialsecurity.org.bz

YOU can make this program for Belize's Golden Citizens a success!