



MEMBERSHIP APPLICATION FORM
(WRITE IN BLOCK LETTERS)

NAME: _____
(First name) (Surname)

BIRTH DATE: _____
(month) (day) (year, optional)

HOME ADDRESS

ADDRESS: _____
(number) (name) (apartment/suite)

(City) (postal code) (country)

(contact number) (Email)

BUSINESS ADDRESS

OCCUPATION: _____

ADDRESS: _____
(street number) (street name) (apartment/suite)

(City) (postal code) (country)

(contact number) (Email)

(Website)

PATRONNAGE

BORN IN JAMAICA ____ Y ____ N

IF SO, IN WHICH CITY AND PARISH: _____

CANADIAN CITIZEN ____ Y ____ N **LANDED IMMIGRANT** ____ Y ____ N



COMMITTEE INTERESTS

I am interested in participating in this Committee:

Membership Committee _____ Social Committee _____ Jamaica Day _____ Women's Auxiliary _____
 Nominations & Elections _____ JABOP (Business) _____ Building Committee _____
 Youth Committee _____ Older Adult Committee _____

MEMBERSHIP DUES

YEARLY MEMBERSHIP DUES:

YOUNG ADULT (18-25YRS):	\$10	SENIOR CITIZEN (60+ YRS):	\$10
ADULT (26-60 YRS):	\$30	FAMILY (2 ADULTS & 2 KIDS)	\$50

NOTE: Membership dues between October 1 – September 30 in each year for members to have the right to vote in the Annual General Meeting (AGM) in December. Dues received after that date will be applied to the next voting year.

MEMBERSHIP TYPE:

Young Adult _____ Adult _____ Senior Citizen _____ Family _____

SIGNATURE

The above is true in its entirety.

If my application is accepted, I agree to abide by the *Rules and Regulations* as indicated in the By-Laws.

 (Signature)

 (Date)

FOR OFFICE USE ONLY

Proposed by _____
 (Signature)

President _____
 (Signature)

Board of Director _____
 (Signature)

Secretary _____
 (Signature)

Treasurer _____
 (Signature)

Membership Date and Year: _____