



MEMBERSHIP APPLICATION FORM

Name of Applicant:			
Name of Spouse:			
Address:			
Telephone:		Published: Yes	No
Email:			
Birthday (dd/mm):	Applicant _____	Spouse _____	
Membership Type	Family - (\$30 per annum) Associate/Individual – (\$20 per annum) Student – (\$10 per annum)		
Additional Family Members	Name	Birthday	
	1		
	2		
	3		
	4		
Areas of Interest (e.g. sports, sewing, etc)	1		
	2		
	3		
	4		
I/We hereby apply for membership in the Jamaican Canadian Association Alberta. If accepted, I/We agree to abide by the rules as set out in the By-Laws of the said Association.			
Date	Signature of Applicant		
DO NOT WRITE IN THE SECTION BELOW (For Membership Secretary Only)			
Date Received	Status	Approved	Rejected Pending
Signature			

Please enclose the appropriate membership fee (cheque only). Cheques should be made payable to the **Jamaican Canadian Association Alberta.**

"OUT OF MANY, ONE PEOPLE"

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