



**MEMBERSHIP APPLICATION FORM**  
(please write in block letters)

**NAME:** \_\_\_\_\_  
(First name) (Surname)

**BIRTH DATE:** \_\_\_\_\_  
(month) (day) (year, optional)

**HOME INFORMATION**

**ADDRESS:** \_\_\_\_\_  
(street number) (street name) (apartment/suite)

\_\_\_\_\_  
(City) (postal code) (country)

\_\_\_\_\_  
(contact number) (Email)

**BUSINESS INFORMATION**

**OCCUPATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
(street number) (street name) (apartment/suite)

\_\_\_\_\_  
(City) (postal code) (country)

\_\_\_\_\_  
(contact number) (Email)

\_\_\_\_\_  
(Website)

**PATRONNAGE**

**WERE YOU BORN IN JAMAICA?** \_\_\_\_\_ Y \_\_\_\_\_ N

**IN WHICH CITY AND PARISH:** \_\_\_\_\_



**COMMITTEE INTERESTS**

I am interested in participating in the following Committee:

Social \_\_\_\_\_ JABOP\* \_\_\_\_\_ Women's Auxiliary \_\_\_\_\_ Jamaica Day \_\_\_\_\_ Membership \_\_\_\_\_

\*Jamaica Association Business Owners and Professionals

**MEMBERSHIP**

**YEARLY MEMBERSHIP DUES:**

YOUNG ADULT (18-25YRS):	\$10	SENIOR CITIZEN (60+ YRS):	\$10
ADULT (26-59 YRS):	\$25	FAMILY (2 ADULTS & 2 KIDS)	\$40

**MEMBERSHIP TYPE :**

Young Adult \_\_\_\_\_ Adult \_\_\_\_\_ Senior Citizen \_\_\_\_\_ Family \_\_\_\_\_

The above is true in its entirety:

If my application is accepted, I agree to abide by the Rules and Regulations as laid down by the By-Laws of the Jamaica Association of Montreal Inc.

\_\_\_\_\_  
 (Signature) (Date)

Dues can be paid by cheque, in-person or by e-transfer at [info@jam-montreal.com](mailto:info@jam-montreal.com)  
 (Indicate MEMBERSHIP DUES in the comment box).

**FOR OFFICE USE ONLY**

Proposed by \_\_\_\_\_ President \_\_\_\_\_  
 (Signature) (Signature)

Membership Date and Year: \_\_\_\_\_