



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):	\$30	FAMILY (2 ADULTS & 2 KIDS)	\$50

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
 (Indicate MEMBERSHIP DUES in the comment box).

FOR OFFICE USE ONLY

Proposed by _____ President _____
 (Signature) (Signature)

Membership Date and Year: _____