



“MAKE A DIFFERENCE IN A CHILD’S LIFE”

**CITIZENS AND FRIENDS OF TRINIDAD AND TOBAGO, INC.
P.O. Box 881806, Los Angeles, CA 90009**

**Telephone: 310-762-2253
Email: citizensfriends@cfft.us**

MEMBERSHIP IS \$60 ANNUALLY

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Gender M F

Are you a new member? YES NO

Is this a renewal? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Employment

Company: _____

Address: _____

Job Title: _____

Responsibilities: _____

After filling out the application, please email it back to citizensfriends@cftt.us. This form is in both adobe pdf format and Microsoft word format. You need adobe acrobat reader and/or Microsoft word to access this form.

The Pay Pal membership payment link is on the membership page of our website.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____