

Jamaica Association of Manitoba Inc.

1098 Winnipeg Avenue
Winnipeg Manitoba
R3C 0S3
Phone: 204.786. 5496



MEMBERSHIP APPLICATION

APPLICATION INFORMATION

Name:

Home:

Cell:

Email:

Current Address:

City:

Prov:

Postal Code:

New Membership

Membership Renewal

Year:

FEE SCHEDULE (CURRENT YEAR) SELECT ONE

Family Membership \$30.00

Single Membership \$20.00

Student Membership \$10.00

Associate Membership \$15.00

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Home:

Cell:

Email:

CHILDREN UNDER 13 YEARS OF AGE (W / FAMILY MEMBERSHIP)

Name:

Name:

Name:

Name:

MEMBERSHIP

By signing this below I hereby agree that if my request for membership I approved, I will abide by the and by-laws of the Jamaican Association of Manitoba Inc. I also agree that I will conduct myself in a responsible, socially acceptable manner at all Association functions and in compliance with all Federal and Municipal Laws.

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.

Signature of applicant:

Date:

Signature of spouse:

Date:

I would like to be considered for the following committee:

MEMBERSHIP

EDUCATION AND CULTURE

SOCIAL FUND RAISING

PUBLIC RELATION AND LIAISON

SOCIAL SERVICES

BUILDING

FOR OFFICE USE

Approval Date _____

Chairman's Signature _____

President's Signature _____