EMPLOYMENT INFORMATION

MEMBER INFORMATION

|  |  |  |
| --- | --- | --- |
| FULL NAME: Click or tap here to enter text. | | |
| PREFERRED NAME: Click or tap here to enter text. | DATE OF BIRTH: (YYYY-MM-DD): Click or tap to enter a date.  If you were not born in the Caribbean do you have ancestry? Yes  No | |
| PLACE OF BIRTH: Click or tap here to enter text. | If yes, what Caribbean island do you have affiliation with:  Click or tap here to enter text. | |
| HOME PHONE: Click or tap here to enter text.  CELL PHONE: Click or tap here to enter text. |
| EMAIL: Click or tap here to enter text. | | |
| ADDRESS: Click or tap here to enter text. | | CITY: Click or tap here to enter text. |
| PROVINCE:  Click or tap here to enter text. | POSTAL CODE:  Click or tap here to enter text. | OFFICIAL USE ONLY: VERIFICATION  Yes  No |

OTHER ORGANIZATION APPLICATION

|  |  |  |
| --- | --- | --- |
| PLACE OF EMPLOYMENT: Click or tap here to enter text. | | |
| WORK ADDRESS: Click or tap here to enter text. | | |
| POSITION: Click or tap here to enter text. | WORK PHONE: Click or tap here to enter text. | WORK: ext. |

MEMBER INFORMATION

NOMINATORS

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently a member of any other organization? If yes, please answer the questions in this section:  Yes  No | | | |
| ORGANIZATION NAME: | | POSITION: | DURATION: |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

OFFICIAL USE ONLY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NOMINATED BY | | | POSITION | |
| 1 |  | |  | |
| 2 |  | |  | |
| FULL NAME: Click or tap here to enter text. | | SIGNITURE: Click or tap here to enter text. | | DATE: (YYYY-MM-DD) Click or tap to enter a date. |

|  |  |  |  |
| --- | --- | --- | --- |
| FEE ATTACHED:  Yes:  NO: | PAYMENT METHOD  CASH:  CHEQUE  DEBIT  CREDIT | | APPROVED  Yes:  No: |
| PRESIDENT’S SIGNITURE  Click or tap here to enter text. | | SECRETARY  Click or tap here to enter text. | |