



# MEMBERSHIP APPLICATION

## Application Type

- New Membership**       **Renewal**  
(returning members or update of information)

## Applicant Information

Given Name	Middle Initial	Surname

Occupation\*

Address		Unit / Suite #
City	Province	Postal Code

Home Phone #	Cell Phone #	Work Phone #*

Email Address

\* optional

Do you give JCA consent to send you updates and messages by phone and/or e-mail?

- Yes**       **No**

Preferred Method of Contact  
(check all that apply)

- Home #    Cell #    Work #    E-Mail

## Membership Dues

Annual Membership Fees  
(due **April 1<sup>st</sup>** of each Year)

**Individual:** \$30.00 | **Family:** \$50.00 | **Youth & Seniors:** \$15.00

### Membership Type

- Adult**    **Youth / Student** (16-24)    **Senior** (65+)

**Family** (two adults plus children under 16)  
Please provide names of all family members below:

Full Name (last, first)	Relation

- Corporate** (please contact us for rate)

Corporation / Entity	Applicant's Title

### Method of Payment

- Cash**    **Cheque**

#### Credit Card

- Visa**    **Mastercard**    **American Express**

Cardholder Name	
Credit Card #	Expiry Date (mm/yy)

Please confirm and specify how you authorize us to charge your card pursuant to the fees listed above:

- One Time Charge**    **Yearly Recurring**



## MEMBERSHIP APPLICATION

### How did you find out about the Jamaican Canadian Association?

- Website    Newspaper    Friend    Relative    Event    Social Media    Radio  
 Other: \_\_\_\_\_    Current Member: \_\_\_\_\_

### Special Interests / Comments

The Jamaican Canadian Association is a member driven organization. We encourage and rely on all members to become active participants and volunteer on our committees.

Please indicate your Committee of Interest (check all that apply):

- Membership    Building    Education    Fundraising    Communication    Women  
 Gala    Social Media    Tutorial

Please specify any additional skills or interests you would like to share with the JCA:

**Applicant's Signature**

**Date**

\_\_\_\_\_

\_\_\_\_\_

Name:

mm/dd/yyyy

**This information shall remain strictly confidential according to the privacy act and be used for internal purposes only by the Jamaican Canadian Association.**



**We thank you for your interest in the Jamaican Canadian Association**

### Office Use Only

Processed by:

Payment Process Date:

Membership Info Entry  
Date: