

Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____

E-mail: _____

Date of Birth (M/Y): _____ Place of Birth: _____

Children in household: Yes No

Marital Status: Single Married Separated

Business: _____

Business Address: _____

Phone: _____ Fax: _____

Business E-mail _____

Occupation: _____

Do you belong to any other non-profit association?

No Yes, specify _____

I would like to serve on a Committee: *(please check those that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Cultural & Social |
| <input type="checkbox"/> Finance & Fundraising | <input type="checkbox"/> Public Relations & Marketing |
| <input type="checkbox"/> Community Service | |

Membership Level

- | | |
|--|---|
| <input type="checkbox"/> \$20 - Student Membership
<i>(copy of student ID required)</i> | <input type="checkbox"/> \$250 - Corporate Membership |
| <input type="checkbox"/> \$35 - Individual Membership | <input type="checkbox"/> \$500 - Lifetime Membership |
| <input type="checkbox"/> \$150 - Small Business Membership | |

Enclosed is my check for: \$ _____

Would you like to receive your newsletter by? E-mail Mail

Please mail to:

Jamaica Nationals Association 🌿 Re: Membership 🌿 Post Office Box 77641 🌿 Washington, DC 20013