



P.O. BOX HM 2890 • HAMILTON HM LX • jamaicanassociationofbermuda@gmail.com • www.JamaicaBDA.org

MEMBERSHIP APPLICATION FORM

To ensure that we have the correct details for you, please complete the information requested below and return the form to any member of the Executive along with the annual membership fees (\$40). The information included here will be used solely to keep you informed of events organized or supported by the JAB.

Meetings are held on the last Tuesday of every month at the Bermuda Industrial Union (BIU) – 49 Union Street, Hamilton.

Member Contact Details

Name:	Date of Birth:
Current Home Street Address:	
Parish:	Postal Code:
Mailing Street Address (if different from above):	
Parish:	Postal Code:
Primary Contact #:	Secondary Contact #:
E-mail:	
Occupation:	Employer:
Employer Street Address:	
Parish:	Postal Code:

Prospective Members

Kindly provide the name and contact information for anyone you believe would be interested in joining the JAB:

Name:	Contact #:
E-mail:	
Name:	Contact #:
E-mail:	

JAB Committees

Please indicate with a tick the committee(s) you wish to be a member of:

Membership <input type="checkbox"/>	Community Outreach and Charities <input type="checkbox"/>	Education <input type="checkbox"/>
Entertainment <input type="checkbox"/>	Cultural Affairs <input type="checkbox"/>	Other _____

Signature

Signature of applicant:	Date (day/mth/year):
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FOR JAB USE ONLY:

Date Received:	Amount Paid:	Receipt Issue Date:	Receipt #:
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¹ Dues are applied to the fiscal year regardless of the date the membership fee is received.