

MEMBERSHIP APPLICATION APPLICATION DATE: PERSONAL INFORMATION

| FIRST NAME: | | LAST NAME | | _ |
|----------------------|----------------|--------------------|---------------------|---|
| ADDRESS | | CITY ST | ATE ZIP | |
| HOME PHONE | | CELL PHONE | | |
| EMAIL ADDRESS | | | | |
| MARITAL STATUS | M() S() | SPOUSE: | | |
| PROFESSION | | EMPLOYER | | |
| FAMILY INFORMATION | | | | |
| CHILD #1: NAME | AGE: | CHILD #2 NAME | AGE | |
| CHILD #3: NAME | AGE: | CHILD #4 NAME | AGE | |
| BARBADOS Information | | | | |
| BARBADIAN | BY BIRTH: () | DESCENT: () | NATURALIZATION: () | |
| LAST HOME ADDRESS: | | | | _ |
| ELIMENTARY SCHOOL: | | HIGH SCHOOL: | · | |
| <u>MEMBERSHIP</u> | | | | |
| INDIVIDUAL () | FAMILY () | RECOMMENDED BY: | | |
| DUES: \$ | DATE | APPLICATION FEE \$ | DATE | |
| SIGNATURE: | | | | |
| APPLICATION APPROVE | | OF OFFICER | TITLE | |
| OFFICER'S SIGNATURE: | | | | |
| Approval & SIGNATURE | : Secretary | | | |