The Jamaican (Ottawa) Community Association Incorporated

P.O. Box #1069, Station B, Ottawa, Ontario K1P 5R1

MEMBERSHIP APPLICATION / RENEWAL

APPLICANT INFORMATION (REQUIRED)

Name ☐Mr. ☐Mrs. ☐Ms. ☐Dr. Last: First:	**Date of Birth:** (Optional) yy: mm: dd:	**Gender** ☐Male ☐Female
Home Address Street: City: Postal Code:		
Home Phone:	**Other Phone:**	
Employer:	**Profession:** (Optional)	
Email:		

CO-APPLICANT INFORMATION

Name ☐Mr. ☐Mrs. ☐Ms. ☐Dr. Last: First:	**Date of Birth:** (Optional) yy: mm: dd:	**Gender** ☐Male ☐Female
Home Address Street: City: Postal Code:		
Home Phone:	**Other Phone:**	
Employer:	**Profession:** (Optional)	
Email:		

CHILDREN / DEPENDENTS

1: ☐Child ☐Dependant		
Name Last: First:	**Date of Birth:** (Optional) yy: mm: dd:	**Gender** ☐Male ☐Female
2: ☐Child ☐Dependant		
Name ☐Child ☐Dependant Last: First:	**Date of Birth:** (Optional) yy: mm: dd:	**Gender** ☐Male ☐Female

ADDITIONAL

TYPE OF MEMBERSHIP

☐ Life ☐ Associate ☐ Family ☐ General (Single) ☐ Senior

Please specify the committee you would like to work with:

___Programs & Events
___Board of Directors
___Budget/Finance
___Building Fund- (fundraising)
___Nominating/Volunteer Recruitment
___Membership
___Communications (Marketing, newsletter, PR, Web)
___Fundraising
___Other (Please Specify)

Please mail the completed form to the address at the top.