

MEMBERSHIP APPLICATION

JCANS

Proudly Celebrating Jamaican Culture & Heritage



New Application: _____ **Renewal:** _____

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

MEMBERSHIP

Individual: Adult _____ Youth/Student _____

Family: Number of Adults _____ Number of Children _____

Names of Adults

Names of Children

Method of payment Cash: _____ Cheque: _____ Amount (\$): _____

VOLUNTEERING

JCANS is a not for profit organization and as such depends on the work of volunteers. Do you wish to participate in the organization as a volunteer? Yes: _____ No: _____

If yes, please indicate your area of interest.

Event Planning: _____ Fundraising: _____ Public Relations: _____ Education: _____

Please let us know of any other way in which you can contribute: _____

Signature: _____ **Date:** _____