Caribbean Association of Georgia
P O Box 1386
Mcdonough, Georgia 30253

MEMBERSHIP APPLICATION

Name: _____
First **Middle** **Last**

Address: _____ **City:** _____

State: _____ **Zip:** _____ **County:** _____

Email address: _____ **Email address:**_____

Cell phone: _____ **Home phone:**_____**Work phone:**_____

Occupation: _____ **Place of employment:**_____

Date of birth: _____ **Place of birth:** _____

Name of spouse: _____ **Date of birth:**_____

Name of children/ages: _____

Type of membership: **Individual** **Family** **Student** **Associate** **Lifetime**
(Circle one)

Have you been a member before?_____ **Years:**_____

Membership #:_____ **Status:** _____

Payment Method: (circle one)
Cash **Credit Card** **Check** **Money Order**

Credit Card: **Visa or Master Card (circle the one that applies)**

Name of account holder: _____

Acct# _____ **Expiration:** _____ **Security code #:**_____

Name of Bank: _____ **Check #:**_____

Amount due: $_____ **Additional donations: $**_____ **Total Amount Paid: $**_____

Applicant's Signature: _____

President's Signature: _____ **Approval** **Disapproval**

Comment: