



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: