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: