



Caribbean Association of Georgia, Inc.
 P.O. Box 1386
 McDonough, Georgia 30253

CAG MEMBERSHIP APPLICATION

APPLICATION DATE: _____ EXPIRATION DATE: _____

RENEWAL DATE: _____

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 Senior Citizen Lifetime
 (Circle one)

Have you been a member before? _____ Years: _____

Membership #: _____ Status: _____

Payment Method: (circle one)

Cash Credit Card Check Money Order Pay Pal Other:

Name of account holder: _____

Name of bank: _____ Check #: _____

Credit Card: Visa or Master Card (circle one)

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

Applicant's Signature: _____

President's Signature: _____ Approval Disapproval

Comments: