

ATLANTA JAMAICAN ASSOCIATION INC.

P. O. Box 2207, Lithonia, GA 30058

(770) 593-9290

Web site: ajaatlanta.org E-mail: secretary@ajaatlanta.org

Membership Application

Surname _____ MI _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

E-mail _____ Telephones: Home _____ Office _____ Cell. _____

Occupation _____ College (Student only) _____

Birthplace (Country) _____ Day and month of birth _____

Spouse's Name _____ Birthplace (Country) _____ Day & month of birth _____

Parents' Nationality: Mother _____ (Father) _____

Type of Membership Applied for (Check one): Student ___ Single ___ Family ___ Associate* ___

Areas of Personal Interest (Check all that applies)

Administration ___ Finance & Budget ___ Education/Training ___ Culture ___ Professional ___

Entertainment ___ Sports ___ Indoor Games ___ Fashion ___ Photography ___ Cooking ___

Music ___ Poetry ___ Arts and Crafts ___ Other (Please Specify) _____

Recommended by _____ Date _____

(Member in Good Standing)

Membership Dues Paid: \$ _____ Date _____

(Annual Dues: Fulltime Student: \$12.00; Single: \$40.00; Family: \$60.00; Associate: \$30.00*)

[* = \$25 .00 for a fully paid up member of another Caribbean organization].

Signature of Applicant _____ Date _____

Approved _____ Rejected _____ Date _____

Appropriate letter issued to Applicant (Check) _____

Signature of Secretary _____ Date _____

**Note to Applicant: PLEASE MAIL THIS APPLICATION AND YOUR CHECK TO
THE ABOVE ADDRESS.**