



**Union of Jamaican Alumni Associations, USA, Inc.**

Membership Application

V4-9/2014

**Please complete this form fully and forward with a list of your Board of Directors.**

(Include: Name, title, address, contact number and email address.)

**Name of Organization:** \_\_\_\_\_

(If registered with a state or federal agency, please provide complete registered name.)

Organization's Mailing Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

President's Name: Mr/Mrs/Ms \_\_\_\_\_

President's Email Address: \_\_\_\_\_

President's Contact Numbers:

Home: (\_\_\_\_) \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Preferred: Home Y Office Y Cell Y

Briefly, state your organization's mission: (or enclose your membership brochure)

\_\_\_\_\_  
\_\_\_\_\_

Is your organization 501(c) 3? Y N In which state are you registered? \_\_\_\_\_

If not 501(c) 3, when does the organization plan to be? \_\_\_\_\_

In what year was your organization formed? \_\_\_\_\_

*I, the undersigned, on behalf of my organization, do hereby request membership in the Union of Jamaican Alumni Associations (USA), Inc.*

*A check/MO in the amount of \$200 is enclosed for the fiscal year ( - ).  
The fiscal year runs from November 1<sup>st</sup> to October 31<sup>st</sup>.*

*I understand that I will be provided a receipt for the above payment, along with a copy of the organization's bylaws, constitution, and standard operation procedures.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Application and dues should be mailed to:

**UJAA USA Inc., Attn.: Asst. Treasurer, 1452 President Street, Brooklyn, NY 11213**

Questions regarding this application should be directed to

Ms. Lesleyann Samuel, President, UJAA at [lesvsam@yahoo.com](mailto:lesvsam@yahoo.com) or (347) 927-3606.

**EDUCATION IS EMPOWERMENT; ONLY THE EDUCATED ARE FREE.**