



Union of Jamaican Alumni Associations, USA, Inc.

Membership Application

V6-6/2016

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 Office Cell [Please check 1 only]

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? _____

When are your elections normally held? Month _____ ; Annual BiAnnually

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 [\$100 ½ Yr] is enclosed for the fiscal year (____ - ____).
The fiscal year runs from November 1st to October 31st. Subsequent dues payable on Nov. 1st.*

I understand that I will be provided a receipt for the above payment, along with a copy of the organization's bylaws, programs and member benefits.

Signature _____ Date _____

Application and dues can 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 president@ujausa.org or on (347) 927-3606 or

Ms. Sharon Wilson, Membership Chair at membership@ujausa.org

EDUCATION IS EMPOWERMENT; ONLY THE EDUCATED ARE FREE.