

Union of Jamaican Alumni Associations, USA, Inc.

Membership Application

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:		
Organization's Mailing Address:		
Street:		
City:	State:	Zip:
President's Name: Mr/Mrs/Ms		
President's Email Address:		
President's Contact Numbers:		
Home: () Office: (Fax: ()	_)	_ Cell: ()
Preferred: Home Office (Cell _ [Plec	ise check 1 only]
Briefly, state your organization's mission: (
Is your organization 501(c)3? Y N If not 501(c) 3, when does the organization In what year was your organization forme	In which state on plan to be? ed?	Ś
When are your elections normally held? I I, the undersigned, on behalf of my organ of Jamaican Alumni Associations (USA),	nization, do her	
A check/MO in the amount of \$200 [\$10 The fiscal year runs from November 1st t		
I understand that I will be provided a re- organization's bylaws, programs and me		ove payment, along with a copy of the
Signature		Date
Application and dues can be mailed to: UJAA USA Inc., Attn.: Asst. Treasurer, 229-19	<mark>Merrick Blvd., 1</mark>	# 141, Springfield Gardens, NY 1141;
Questions regarding this application should b Ms. Lesleyann Samuel, President, UJAA at		<u>aausa.org</u> or on (347) 927-3606 or

Mr. Dwight Clarke, Membership Chair at membership@ujaausa.org

EDUCATION IS EMPOWERMENT, ONLY THE EDUCATED ARE FREE.