



Membership Renewal Form

MR.
MRS.
MS.
DR.
REV

FULL NAME

ADDRESS

SUITE NO.

CITY

PROVINCE

POSTAL CODE

TEL:

(HOME)

(BUS)

(CELL)

FAX:

E.MAIL:

PROFESSION / OCCUPATION

AREA(S) OF INTEREST

REGION & PARISH OF ORIGIN

SINGLE - CAD\$20.00 FAMILY IN SAME HOUSEHOLD – **CAD \$35.00 couple**
(+ \$10 each additional person)

PAID BY:

CASH - AMOUNT \$ _____ CHEQUE - AMOUNT \$ _____

DATE OF APPLICATION: _____

APPROVED: _____ CARD NUMBER: _____

Return form to:

The Jamaican Diaspora – Canada Foundation

c/o Jamaican Consulate General / 303 Eglinton Avenue East / Toronto, Ontario / M4P 1L3

Please complete all fields to ensure that the Database can be kept up-to-date or corrected where information is missing.